FINAL Synthesis of Public Input to WHCOA: Current as of November 15, 2005.

I. Planning along the Lifespan

A. Economic Incentives to Increase Retirement Savings

- **Individual savings; employer based pension programs.**

1. Strengthen pensions and savings by encouraging employers to provide for automatic enrollment in 401(k) plans for their employees. Investments for these contributions should be in balanced, diversified, low-cost investment packages such as broad index funds, life-cycle funds or professionally managed funds, unless the employee makes other choices.

2. Support automatic rollovers into IRAs from 401(k) plans or into new employer plans when an employee separates from service with the old employer.

3. Expand the Saver's Credit and make it refundable to help increase savings for low and middle income families. Increase participant by increasing income limits for eligibility.

4. Support shorter vesting periods and improved coverage standards to add part-time and contingent workers to increase pension participation.

5. Require better disclosure to participants about the financial health of their pension plans and more information on 401(k) plan investment choices and fees.

6. Defined benefit income is often exempted from qualifying for means-tested government benefits, but IRA savings and 401(k) savings are included. Eliminate this inequity by not including these other savings in eligibility tests.

7. Strengthen funding for Defined Benefit plans and prevent conversion of DB plans to cash balance plans.

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8. Increase tax incentives for IRA investments and other private retirement investments**.**

9. Provide incentives for employers to offer pension benefits and to protect those benefits; provide incentives for increased employer contributions to low-wage workers.

10. Simplify administrative burdens for small businesses to encourage the adoption of pension plans.

11. Support shorter vesting periods and improved coverage standards to increase the number of individuals receiving pensions and the average pension amount.

12. Support more disclosure to participants about the soundness of their plan's funding.

13. Improve funding rules for defined benefit plans to protect the PBGC and participants.

14. Reward those who prepare for their old age by letting them keep their money. Eliminate the 10% penalty on early distributions to employees with 30 years of service, regardless of age and allow 401(k) distributions before age 59 ½.

15. Stimulate and support assumption of personal, family and employer responsibility for income security.

16. Require the Secretaries of the federal Departments of Commerce, Labor, and Health and Human Services to examine and report annually for the next ten years to the President, Congress, the National Governor's Association, and the newly constituted Federal Council on Aging about the extent to which federal policies are supporting or obstructing economic security for current senior adults and aging baby boomers, and make recommendations for change.

17. Protect the benefit interests of divorced spouses and widows of workers and retirees.

18. Encourage the provision of quality investment education and advice to workers participating in 401(k)-type defined contribution plans.

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19. Prohibit employers from concentrating and encouraging workers to invest too much of their retirement savings in company stock. Give workers greater rights to diversify the investment of their retirement savings, particularly by selling company stock held in defined contribution plans.

20. Establish a federal advocacy office for retirement plan participants, similar to the IRS Taxpayer Advocate Office, which would function as an ombudsman for retirement plan participants.

21. Give workers and retirees the right to select their own representatives to participate in key decisions about how their retirement plans are invested.

22. Establish universal retirement savings accounts—separate from and on top of Social Security—with automatic government contributions for low- and moderate-income savers.

23. Encourage the creation of hybrid retirement plans that combine the best features of defined benefit and defined contribution plans in workplaces that currently offer no retirement plan to workers.

24. Improve the security, adequacy and fairness of job-based retirement plan benefits, specifically by maintaining and improving worker and retiree benefit guarantees provided in the private sector by the Pension Benefit Guaranty Corporation.

25. Extend to retirement plans that cover state and local government employees fiduciary standards and participant protections similar to those that govern private-sector plans covered under the Employee Retirement Income Security Act.

26. Prosecute corporate fraud and create the means whereby employees receive compensation for their personal losses.

27. Create a system in which a portion of earnings is placed automatically in an account at the beginning of an employee's career.

28. Strengthen regulation of employer-sponsored retirement plans so that promised retirement benefits from companies are guaranteed.

29. Establish a national education campaign for employers that explains the importance of starting pensions and retirement savings plans for workers.

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30. Employers must be given the opportunity to organize flexible pension plans, including “hybrid plans.”

31. Educate individuals on the need to put more money into their retirement plans.

32. Allow seniors to delay taking the minimum required distribution from their 401K until they need it, not at a pre-set age.

33. Continue to raise the maximum contribution limit to 401Ks.

34. Assess current tax statutes and incentives in terms of their impact on the pension and savings plans of small business employers and employees.

35. Formulate a comprehensive set of tax and other economic incentives designed to increase pensions and savings of employees.

36. Maintain and improve worker and retiree benefit guarantees by the Pension Benefit Guaranty Corporation.

37. Encourage investment education to workers participating in 401(k) type defined contribution plans.

38. Expand worker options to diversify investments of their retirement savings.

39. Encourage creation of hybrid retirement plans combining defined benefit and contribution plans in workplaces, including those that currently offer no retirement plan to workers.

40. Revise SAVER tax credits to be permanent and refundable, to provide savings incentives for low-wage, non-taxed workers.

41. Require a high standard of disclosure to participants about the financial health of their defined benefit pension plans.

42. Require a high standard of disclosure to participants with defined contributions as to the long-range benefits of contribution and diversification strategies.

43. Require a high standard of disclosure to employees about the options and risks in acquiring their employer’s stock if it is available.

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44. Encourage corporations and associations, public and private, to take the lead in helping to educate and guide Americans on financial planning. Begin transition planning when a new employee is initially hired at orientation and continue throughout an employee's career.

45. Encourage employers to provide employees automatic enrollment in 401(k) and other contribution plans.

46. Simplify rules that permit rollovers to IRAs or into new employer plans when an employee separates from employment.

47. Assess current tax statutes in terms of opportunities to ensure incentives for business employers to offer defined contribution savings and pension plans.

48. Encourage policies that give workers and retirees the right to select their representatives to participate in decision making about retirement plan investments.

49. Establish a federal advocacy office for retirement plan participants, similar to IRS Taxpayer Advocate Office, that would function as an ombudsman for retirement plan participants.

50. Promote expanded participation rights for part-time and contingent workers.

51. Establish clearinghouse model plans (similar to multi-employer plans used in collective bargaining arrangements) so that workers who change jobs frequently and their employers (including those that do not directly sponsor a plan) can voluntarily contribute to one portable defined benefit or defined contribution plan.

52. Provide incentives to employers to implement automatic enrollment through the use of safe harbors that will reduce administrative costs.

53. Eliminate disincentives for employers to establish or contribute to retiree medical savings vehicles due to restrictive interpretations of the Age Discrimination in Employment Act.

54. Increase the prevalence of automatic and "Opt-Out-Only" savings features, safe-harbors for defined contribution automatic features including enrollment, escalation of contribution, and allocation to life-cycle funds, payroll deduction

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IRAs, and allowing tax refunds to be directly deposited in retirement accounts.

B. Social Security Programs Now and for the Future

- **Principles to protect and strengthen Social Security.**

1. Keep the Social Security system strong for all generations.

2. Enhance public awareness on the nature of Social Security, the fiscal problems confronting it and possible solutions, including use of the internet to convey this information.

3. Make reform of the Social Security system fair by considering a combination of measures that would restore and maintain solvency in a balanced fashion so that no income group, age group, or other category of participants would sustain an unfair share of the burden.

4. Possible solutions to increase solvency of the social security system include: Raising the retirement age; increasing the amount of income subject to social security withholding; progressive indexing of the initial benefit; increasing the number of years used to determine benefits; pegging adjustments to annual cost of living increases to price indexing; increasing incentives for personal retirement and savings accounts; repealing tax cuts for individuals earning more than $300,000 per year.

5. Increase the wage base for social security withholding from $90,000 to $140,000.

6. Allow trust funds to be invested in broad based index funds.

7. Eliminate the earnings test for all seniors receiving social security. Modify Social Security to allow for phased retirement and flexibility of work.

8. Strengthen SSDI as Social Security retirement age is raised to protect people with higher rates of disability.

9. Do not increase payroll taxes.

10. Do not raise retirement ages.

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11. Limit the ability of Congress to spend social security surpluses on other programs.

12. Raise the maximum level of wages subject to the payroll tax; add newly hired state and local workers to Social Security and diversify trust fund investments.

13. Oppose individual accounts that would carve-out a portion of social security taxes. Support individual accounts that would be an add-on to current social security taxes to create individual accounts.

14. Support putting a portion of social security withholding into personal accounts. This will benefit moderate and low-income workers the most since they are the least likely to have personal savings.

15. Raise the retirement age.

16. Eliminate benefit reductions for those who work between ages 62 to 64.

17. Maintain Social Security's current structure and purpose without requiring individual accounts.

18. Support personal savings and investment options that are in addition to, not in place of, Social Security—with consideration for the use of tax incentives.

19. A bipartisan approach in Congress to addressing the solvency issues of Social Security is needed.

20. Education of the general public of the need to plan their own retirement, including but not solely based on Social Security.

21. Many survey responses cite the need for higher Social Security payments and greater benefits under Medicare & Medicaid.

22. Maintain benefits as an *earned* right, directly linked to previous earnings and contribution levels and guaranteed to all contributors and their dependents who meet the eligibility criteria.

23. Keep Social Security's benefit structure progressive and fair to all, ensuring that lower-wage earners receive benefits that provide them with a higher replacement rate on past earnings, while higher-income earners receive higher benefit amounts that reflect their larger contributions to the system.

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24. Continue to protect all benefits against inflation (not only Social Security benefits, but also federal civilian and military retirement benefits), so that beneficiaries don't lose buying power as they age and don't slip into poverty if they live to be very old.

25. Protect workers who must retire early because they are unable to keep working or cannot find a job; as early as age 62, these workers must be able to collect retirement benefits that provide them with a solid income base.

26. Continue to build on the current system in order to provide greater protections for low-income beneficiaries and for those – particularly women – who live alone into advanced old age.

27. Increase the federal benefit standard to at least 120 percent of the poverty level.

28. Discontinue counting in-kind support and maintenance as income.

29. Increase the general income and earned income exclusions.

30. Increase the assets/resources limits and index increases to inflation.

31. Restore SSI benefits to all immigrants whose status would have entitled them to benefits prior to the 1996 welfare reform law.

32. Develop and fund an effective SSI outreach program.

33. Increase Social Security Administration staffing to administer the current program more effectively and to make the proposed improvements.

34. Provide a Social Security work credit for caregiving years spent out of the workforce by parents or adult children.

35. Increase the federal share of SSI by 20% to raise the minimum national standard for assistance.

36. Mandate that states attach an automatic cost of living adjustment in order to bring lowest income of minority elderly closer to the poverty level.

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37. Ensure sufficient funding for SSI outreach and education with particular attention to linguistically-different communities.

38. Permit documented immigrants who have paid into the system to collect SSI if they qualify.

39. Keep the trust fund sacred and no privatization of Social Security.

40. Address the inequitable benefits system affecting undocumented immigrants.

41. Advocate to ensure that seniors who are receiving Social Security benefits and are still working do not have the Social Security portion of their income federally taxed.

42. Require states to attach an automatic cost of living adjustment in order to bring lowest income of minority elderly closer to the poverty level.

43. Alter the standards for SSI qualifications so that when a senior lives with others, the total household income does not disqualify or reduce the amount that the beneficiary will get.

44. Develop federal programs with sufficient funding for SSI outreach and education with particular attention to linguistically-different communities.

45. Advocate extending the time requirements for documented immigrants to acquire citizenship from seven to ten years.

46. Advocate to permit documented immigrants who have paid into the system to collect SSI if they qualify.

47. Rescind the tax cuts and put the money in Social Security and Medicare.

48. Increase retirement age, increase payroll tax, and privatization.

49. Review marriage penalty in retirement Revisit retirement off-sets & wind fall eliminations

50. Create a tax break or other incentives for individuals who decline receipt of Social Security.

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51. Protect the indexing of Social Security payments to wages to keep pace with the rising cost of living.

52. Fund more programs that would open avenues for undocumented immigrants to become documented immigrants and ultimately, citizens, such as ESL & Citizenship classes and Immigration Assistance. Streamline the application process for this benefit.

53. Provide services and safety nets to support immigrants as well as create employment training and other opportunities for this population.

54. Social Security should become a universal program. Everyone that is employed should pay into the system.

55. Adopt a set of principles for reviewing reform proposals:

56. Agree to not change the Social Security benefits for current retirees or those near retirement.

    a. Agree not to change the Social Security benefits for current disabled workers and those with survivor benefits.

    b. Agree to pursue comprehensive reforms early, so as to provide sufficient time for individual long-term retirement planning.

    c. Agree to take into account the changes that reforms will have on the nation's workforce, savings, economy, and future retirees.

    d. Agree to make visible and understandable to the public the trade-offs between benefit reductions, rates-of-return, tax burdens, federal borrowing and solvency found in any proposal or change.

    e. Agree to preserve our Social Security system and protect employee pensions.

    f. Agree to maintain the link between a worker's pay and time in the labor force and the worker's benefit amount.

57. Establish a webpage and other systems of communication for Americans to examine the current proposals in a simple format, which includes the principles, effects, and trade-offs.

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58. Direct the Social Security Administration to report in all their public materials the status of the inputs, outputs, risks, and opportunities likely to affect social security benefits now and into the future.

59. Develop and fund an effective SSI outreach program.

60. Consider providing a credit to a worker's Social Security benefit at a base amount for every year that the worker has cared for a disabled family member. This change would give recognition to the contributions made by informal caregiving to our older and disabled populations.

61. Implement modifications to the Social Security program to make it more responsive to the needs and circumstances of those who tend to be more reliant on Social Security. Improve the benefits available to survivors, including divorced survivors, eliminate the requirement to delay a spouse's Social Security benefit for two years after a divorce, and modify the present "government pension offset" that unfairly penalizes many women retirees.

62. Support changes that would effectively deal with the long-term fiscal solvency challenge now facing Social Security, including: gradually increasing the maximum amount of annual wages subject to the payroll tax (currently capped at $90,000); investing a portion of the Social Security Trust Funds into the equity and bond markets, not unlike current practices in a number of other public retirement programs; and bringing all state and local governmental employees hired after 2009 into the Social Security system.

63. Consider increasing the federal benefit standard and discontinue counting in-kind support and maintenance as income.

64. Increase the assets/resources limits and index increases to inflation.

65. Develop and fund an effective outreach program.

66. Remove disincentives in SSI that discourage cohabitation with family members.

67. Allow external sources of income in addition to SSI in order to ensure financial independence of the beneficiary.

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C. Protection from Catastrophic Loss

Long term care expenses, and ways to assist Baby Boomers and families in understanding the need to finance long-term care, through insurance and other options.

1. Promote information and resources identifying choices and options for older Americans so they may be able to make independent decisions regarding their individual health and financial plans.

2. Increase awareness on the issues of costs for LTC, and estate laws, and overall financial responsibility and accountability.

3. Convince the insurance industry to include adult day services as a covered care option in long term care policies so that the Boomers will have more choices available to them.

4. Provide tax credits or tax deductions for Long Term Care Insurance premiums paid by individuals for their families.

5. Increase education regarding long term care, what it is, who pays for it, what is long term care insurance, why is it important, when should it be purchased, what one should look for in a policy, and make LTC insurance available and attractive at younger ages.

6. Work with the long term care insurance industry in setting standards that would be comprehensive and understandable to the general public.

7. Promote public education regarding range of services and about long term care insurance options.

8. Change the tax structure to encourage retirement saving and the purchase of long term care insurance and standardize LTC insurance as has been done for Medigap insurance. Establish government assurance that if insurance companies go bankrupt, people will not lose benefits.

9. Develop educational outreach program through multiple outlets including community groups, schools, community education opportunities, etc. to get information to the public about the need to plan for retirement and long-term care.

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10. Educate people at an early age regarding their financial needs in retirement including the risk of a long-term care episode; encourage financial planning for long-term care; and expand the Long-Term Care Awareness Campaign, a pilot program of CMS.

11. The *Long-Term Care Partnership Program*, a public-private LTC insurance program, should be expanded nationally.

12. Increase awareness of reverse mortgages and fund agencies to provide assistance with applications for reverse mortgages.

13. Use tax incentives to encourage people to set up savings accounts for their health care expenses and the importance of starting to save when they are young.

14. Consider public and private financing means for long-term care and encourage personal financing by offering tax incentives for long-term care insurance.

15. Promote the message that we need to plan ahead for long-term care needs for ourselves and families and not get caught off-guard. Educate adult children to consider long-term care insurance for themselves at ages 50-60 because it will expand the numbers in the LTC "pool."

16. We need a comprehensive system for long-term care financing and services. Educate Americans that Medicare does not cover long-term care and that you have to spend-down to be eligible for Medicaid which does cover LTC.

17. Promote reverse mortgages to help seniors pay for long-term care and stay in their homes.

18. Increase tax breaks or employer support for the purchase of long term care insurance; increase education about the financing mechanisms for long term care in residential facilities, and more effectively oversee and regulate long term care facilities.

19. Adopt long term care insurance like Japan.

20. Expand Medicare to cover long term care.

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21. Institute a national long term care system based primarily on a social insurance model. The system should provide comprehensive services, including home and community based and institutional services to people with serious physical and cognitive impairments to enable them to carry out activities of daily living and function at an optimum level.

22. Include a comprehensive and flexible range of benefits in any long term care system, including the current Medicaid program that provides long term home and community based services for low income frail older people and people with disabilities, in the least restrictive setting possible. Services provided should respect the rights and preferences of the client. The client/consumer should be given maximum choice and control over the delivery of the services, wherever possible and appropriate.

23. Reform Medicaid to end the institutional bias which forces older people who need long term care out of their homes.

24. Encourage companies to include information in retirement seminars regarding funding options for long term care.

25. Educate the public on the importance of purchasing long –term care insurance, the STAR and Enhanced STAR exemptions, plus EPIC, and the possible revisions to Medicare Part D, proposed tax support for family caregivers, etc., which are all a part of assisting individuals to remain in their homes/community. Included in long term care planning is the recently passed Assisted Living Reform Act which now provides an oversight of facilities and protection for senior residents. The Long Term Care Ombudsman Program is also an essential aspect in contributing to quality oversight for seniors in assisted living facilities.

26. Work to ensure that adequate support is provided by VA and non-VA systems to ensure access to community-based care. This should include a national needs assessment of veterans and caregivers (from the veterans' and caregivers' perspective), a national plan of action to provide needed home and community-based care, and the sharing of best practices and model programs nationwide.

27. Create a system of in-home respite care services using volunteers to help caregivers maintain veterans in their homes as long as possible.

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28. Ensure that all veterans have access to the least restrictive environment in their communities.

29. Encourage businesses and the nonprofit sector to work to create volunteer and paid work opportunities for veterans.

30. Require that nursing home facilities employ staff ethnically and linguistically representative of their resident population.

31. Increased PASSPORT funding is needed. It can be proven that providing limited, yet effective in home services, preserves an individual's spirit and saves the most amount of money to the tax payers.

32. Educate and promote programming that addresses sensitivity and respect toward the needs of the gay, lesbian, bisexual and transgender elderly in our communities as well as training programs that address the ethnic and social diversity in our communities in all of the agencies serving the elderly and their families.

33. Improve the websites to include multi-lingual features which provide information to seniors who are not English-proficient.

34. Improve the methods of conducting the Census to include all Limited English Proficient (LEP) elderly; review languages listed, and include omissions such as Assyrian. Include LEP in the Older Americans Act and as a factor in funding allocation formulas.

35. Allow Long Term Care insurance premiums to be paid from 401Ks and allow the individual to take the Long Term Care insurance policy with them if/when they change jobs or retire.

36. Extend the sale of home exclusions in the tax code to include second homes. Individuals often need to sell their second home to take care of an ill spouse yet still need a place to live themselves.

37. Allow 401Ks or other tax-deferred funding to be used for support of activities of daily living (ADLs), not just medical care.

38. Assist charitable organizations that provide care to the elderly by making charitable contributions an above the line tax deduction.

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39. Enable state demonstration projects for developing innovative long-term care structures.

40. Establish broad partnerships to educate Americans about the financial risk of disability.

41. Establish a commission of public and private stakeholders to review policies in disability insurance and plan for improvements in the disability insurance market.

42. Promote easy access to long-term care information, counseling, and eligibility processes through one-stop access points, independent of public institutions.

43. Require a higher standard of disclosure to consumers as to how long-term care financing will enable their purchase of services that meet setting preferences and healthcare accommodation.

44. Identify national variation in arbitration rights for consumers entering nursing home contracts.

45. Appoint a consumer commission to develop national principles on arbitration rights for consumers of long-term care services.

46. Remove barriers to employers collaborating to organize long-term planning information.

47. Promote incentives for employers to take leading roles in educating their employees on the advantages of planning for long-term needs.

48. Ensure that government sources are transparent and supportive in providing employers the information needed for educating employees about health and long-term planning.

49. Plan broad initiatives for incentives to encourage self-directed consumers in arranging their long-term care.

Preventing financial fraud, abuse, and exploitation: an integral part of elder and Boomer financial security.

1. Promote preventive strategies which include public awareness efforts (involving public and private partners) such as national, state and local

conferences, seminars, and workshops on financial crime; the effective use of the media to highlight the issues; the dissemination of information in places seniors congregate; and enhanced availability of money management services for seniors.

2. Promote the coordination of law enforcement responses to financial crime at the federal, state, and local level, including the creation of protocols of cooperation between law enforcement and other multidisciplinary professionals (e.g. banking and other financial experts, APS), and the enactment of stiff civil and criminal penalties for financial criminals.

3. Promote a guardianship/conservatorship system for vulnerable adults with adequate oversight and which holds all fiduciaries accountable for assets managed on behalf of vulnerable elders.

4. Create a nationwide structure to protect vulnerable adults including enhanced legal services and adult protection services for elders. (Example: Elder Justice Act)

5. Protect senior adults against financial fraud, abuse, and exploitation in all its forms, including fraud committed by trusted fiduciaries.

6. Increase fraud awareness through the use of major media campaigns.

7. Increase funding for consumer education and protection with particular attention to minority and linguistically-different communities. As the aging population increases their use of the internet, attention should be paid to educating elders about online frauds and scams.

8. Review and strengthen national standards and practices for the protection of identities, to curb the increase in identity theft.

9. Aggressively pursue complaints of financial fraud and abuse of the elderly. This includes educating law officials, caregivers and communities about the characteristics and extent of the problem including variations in different cultures. Specific practices and interventions that are proven effective should be promoted and shared among providers, agencies, and government entities.

10. Require that programs address the management of limited resources and the changing nature of all existing financial practices to include opportunities for abuse.

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11. Employeess of financial institutions should be trained to recognize and help seniors when transactions appear suspicious (e.g. large cash withdrawals) and special attention when handling property issues/mortgages.

12. Train public employees to better respond when a financial crime is committed, especially state and local law enforcement.

13. District Attorneys nation wide should make financial crimes against the elderly a priority issue.

14. Stronger legislation and more legislation/enforcement is needed at the state level.

15. Form local multidisciplinary investigative teams and share information among social services, law enforcement, and financial institutions.

16. Expand existing mandatory reporting laws.

17. Establish a registry and/or "senior alert" of scams.

18. Establish a data base of all elder abuse perpetrators.

19. Form regional investigative coalitions/task forces and facilitate the sharing of information among social services, law enforcement, and financial institutions.

20. Take action on and prevent internet scams.

21. Create a designated office in the Office of the US Attorney to prosecute elder fraud and abuse in the federal court system.

22. Elevate state offices of consumer affairs to cabinet-level agencies, and engage in aggressive enforcement through civil and criminal prosecution and elder hotlines that pursue mediation of seniors' consumer complaints.

23. Establish a National Center on Financial Fraud and Exploitation that would identify, collect, and evaluate existing materials and resources, determine any unmet needs, and research and develop model materials and laws and regulations.

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24. Create a national strategy to prevent and reduce financial crimes through an educational program conducted in schools, workplace settings, faith-based organizations, and interest and affinity groups.

25. Strengthen enforcement of the nation's consumer and investor protection laws adequate to ensure the safety of markets and fairness in the sale and marketing of financial products.

26. Encourage financial institutions to implement employee training for recognizing financial crimes, and reporting such crimes to state authorities, and report these crimes to state authorities.

27. Encourage coordination of national, state and local initiatives designed to prevent financial exploitation of older citizens.

28. Enhance public awareness efforts under Title VII of the Older Americans Act (OAA).

29. Encourage employers to include financial fraud and exploitation prevention in financial and retirement planning education programs.

30. Increase public awareness and professional training on financial fraud and exploitation.

31. Include financial fraud and exploitation prevention messages in healthy living initiates.

32. Promote a National campaign to encourage the creation of state and local anti-fraud task forces.

33. Encourage Cross-disciplinary training in which an array of social, legal, financial, and law enforcement professionals train together in one setting on multiple issues related to financial crime.

34. Intensify National, State, and Local Efforts, in Partnership with the Public and Private Sector, to Educate Americans on Financial Crime and Train Multi-Disciplinary Professionals in its Identification and Prevention.

35. Promote data collection and research that can identify and explain effectiveness of community responses, opportunities for cross-government coordination, exploitation perpetrated by the trusted fiduciaries of elders,

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effective risk assessment tools, protective action plans, and profile of perpetrators.

36. Encourage State and local law enforcement to create elder financial crime units.

37. Create Financial Abuse Specialist Teams (FASTs), which focus on financial exploitation; FAST team members could include private financial and law enforcement experts in exploitation and fraud.

38. Encourage the continued expansion of elder fraud task forces nationwide, focusing on private-public multidisciplinary collaborations involving federal agencies, local bank officials, state securities administrators, AG consumer protection attorneys, local law enforcement, Adult Protection services, and other professionals.

39. Encourage the expansion of bank reporting projects at the state level, which train and allow bank employees to discretionarily report cases of fraud to authorities.

40. Encourage aggressive law enforcement initiatives designed to prevent and prosecute Internet fraud, identity theft, and cross border fraud in all its forms.

41. Promote the enactment of laws that aid prosecution of elder financial crimes, recover and preserve assets, and create enhanced penalties to promote deterrence, should be encouraged.

42. Promote multidisciplinary and multi-sector teams for addressing local cases of complex financial crimes**.**

43. Promote data collection informs research into the complexities of successfully prosecuting cases of financial exploitation involving cognitively impaired elder victims and develop successful models of prosecution.

44. Greater consultation and cooperation with the private sector on measures to improve SSDI claims administration;

45. Completing the conversion to electronic recordkeeping and electronic communication for SSDI claims administration by standardizing a process for transmitting and storing applicant/claimant medical records;

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46. Closer and more formalized cooperation with the private sector on innovative measures to rehabilitate and return-to-work SSDI beneficiaries - and especially on measures to maintain the productivity and independence of workers before they must resort to SSDI;

47. The exploration of incentives for employers to hire SSDI beneficiaries for return-to-work; and

48. That the Social Security Administration partner with the private sector to create "Centers of Expertise" to ensure the availability of high quality physician expertise in the adjudication of difficult and complex disability claims.

D. Financial Literacy throughout the Life Cycle.

Financial literacy to assist Americans in learning to start saving early and to manage assets to last through longer and longer retirements.

1. Educate boomers about their longevity risk once they retire and the value of annuities to provide them with a steady stream of lifetime income.

2. Begin financial education early in schools that is funded by private sector; tie financial knowledge to “national learning results” and continue financial education during the lifespan through adult education and workshops at senior centers.

3. Ease restrictions on employers so they can offer more education and financial advice to their employees by utilizing financial service professionals who can go to the worksite to meet people where they work.

4. Advocate for a national program to educate the public and social service providers about the SSI program, OAA programs under AAAs, Meals on Wheels, and other community based programs such as Adult Protection Services (APS).

5. Educational programs must focus on how to plan for intergenerational families in terms of financing multiple savings plans for multiple generations.

6. Provide incentives for personal planning early on. Offer packages as people enter the workforce so that planning becomes a way of life.

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7. Develop outreach to educate consumers about the critical need to plan for a long life.

8. Establish incentives and disincentives for planning or failure to plan for one's future.

9. Create disclosures and terms of agreements from financial institutions and related businesses which are written in a plain, straightforward language and in a size appropriate for aging eyes.

10. Require financial institutions to have customer representatives available to speak to individuals from all the major language groups so that clients can directly ask/resolve questions or issues. This includes having quick telephone access to a live person rather than encountering a confusing maze of pre-recorded messages.

11. Encourage the Federal Reserve System to move aggressively to curtail business and debt collection practices that place vulnerable consumers, and the elderly, at a severe disadvantage.

12. Increase the attention paid to communities with little disposable income and that are linguistically-different and/or newer immigrants. In addition, use of the term financial literacy suggests a degree of illiteracy which may - or may not - be true given the level of experiences communities accumulate in managing extremely limited resources.

13. Consider financial empowerment rather than financial literacy as the mantra for this effort.

14. Require that programs address the management of limited resources and the changing nature of all existing financial practices to include opportunities and abuse. Special attention should also be given to addressing good practices in providing mutual family support. This includes financial transfers between generations as well as financial transfers to families in their home countries.

15. Fund debt management programs.

16. Provide early and on-going education for financial planning.

17. Make retirement planning classes mandatory prior to collecting social security benefits.

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18. Require that financial literacy program efforts be linguistically appropriate and culturally sensitive to differences in the savings and lending practices of these communities.

19. Require financial institutions to share the responsibilities for consumer education.

20. Education incentives for all workers must be integrated and supported by industry leaders and policy makers. Furthermore, a greater role of companies in retirement planning is needed.

21. Initiate an annual public-private public service campaign tied to the start of each school year to encourage Americans to review and update their plans for their future, especially financial and health care planning.

22. Non-profit organizations should assist in working with the community to help with early financial planning/education.

23. Promote individual and business planning for future health care needs.

24. Fund financial empowerment projects that are based in nonprofits to target communities with little disposable income and financial assets.

25. Develop funding programs which provide financial empowerment skills geared toward all generations and that are sensitive to the financial issues and concerns of different generations.

26. Promote the education of Americans on their expected longevity and need for retirement assets throughout their lifespan.

27. Promote knowledge about retirement income needs by encouraging employers to facilitate financial literacy programs. Ease restrictions on employers who want to educate their employees on long-range financial planning.

28. Improve the financial literacy of the population, focusing attention on the needs of the older population. Special efforts should target foreign-born people and people with cultural, language and other barriers that make it more difficult to access the traditional financial services system.

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29. Develop financial literacy programs that include information on financial fraud and abuse issues, as well as on technological advances (automated teller machines, online banking, etc.) that may be of particular value to older consumers.

30. Strengthen and expand research aimed at improving the effectiveness of financial literacy and consumer counseling programs, particularly with regard to obtaining outcomes that lead to better money management behaviors.

31. Develop incentives for Americans to complete long-range financial plans.

32. Expand the Own Your Future Long-Term Care Awareness Campaign to a national campaign.

33. Promote long-range financial education through secondary education, adult education workshops, aging networks, and state insurance assistance counselors.

34. Promote taking individual responsibility for oneself and developing a retirement plan. Teach elementary and middle school students how to plan for retirement. Include curriculum about planning early for retirement, personal retirement account options, Social Security and the importance of economic life planning and learning to save.

35. Promote the translation of educational materials into the native language of individuals with limited English language skills in order to provide them with equal access to the same information for financial planning.

36. Educate early (middle and high school) about long-term care financing, savings, pensions, and economics over the lifespan.

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II. The Workplace of the Future

A. Opportunities for Older Workers.

Employer incentives for retaining older workers and current disincentives that prevent employers from retaining older workers.

1. Employ new and creative strategies that simultaneously address recruitment, retention, and retraining of the growing older workforce, including the use of the Internet for recruitment.

2. Encourage the nation's employers to develop business models for recruiting and retaining mature workers.

3. Provide support to businesses hiring older workers including tax incentives and subsidies.

4. Provide for the elimination of the employer's payments for Medicare/Social Security withholdings for older workers.

5. Allow employers maximum flexibility to provide desired benefits to older workers.

6. Provide tax incentives to employers to hire and retain older workers. Encourage the nation's employers to develop business models for recruiting and retaining mature workers.

7. Labor policies must encourage public and private entities to collaborate in addressing their own economic well being and that of mature workers.

8. It is critically important that the Tax Code, ERISA, the ADEA and Medicare law be scrutinized for ways in which they create barriers and disincentives for employers to hire and/or to retain older workers.

9. Consider removal of the federal requirement that Medicare become the secondary payer if a company offers health insurance for workers over 65.

10. Form partnerships of local entities including faith based and corporate entities to provide job/technology training for seniors reentering the workplace to include interviewing skills, job coaching, etc.

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11. Market senior employment opportunities (separate division with Workforce programs).

12. Eliminate disincentives to work as eligibility criteria for elderly benefits programs. Seniors should be allowed to earn a market rate salary above the designated poverty levels prescribed in government programs.

13. Enact federal and state policies to support the costs of training, retraining and retention of the older population to assure older worker participation in a variety of meaningful employment and relevant training programs.

14. Take advantage and expand the capacity of existing expertise within the Aging Network to assist policymakers and communities in maximizing the economic potential of older workers.

15. Movement toward a horizontal work environment must occur. Everyone's contribution is needed; everyone has a role in reaching a solution. Policy changes must take place regarding salaries, benefits, and enforcement of A.D.A. regulations, with reductions in older worker discrimination.

16. Ongoing worksite, community, and family education are needed to reinforce the gains in knowledge, skills, wisdom, availability, and capacity in employing older workers.

17. Existing policies must be enforced and expanded through tax incentives: Expanded needs include tax payer relief for education and social security that encourages workers to continue to receive benefits for remaining in the workforce.

18. Simplification of government administrative and compliance requirements is a much needed step for many who employ older workers.

19. For both persons who are aging with and into disability, expand options to participate in the economy and improve the overall standard of living of people aging with disabilities.

20. Creation of a bi-partisan panel of legislators, academia, industry leaders, etc, to examine issues of aging in the workplace.

21. Establish a National Mature Workers Employment Commission to promote innovative employment options and policies impacting older workers, such as

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employer education on the value of older employees, pay equity, and financial incentives and tax credits for hiring, training, and retaining older workers.

22. Re-establish set-aside funding to ensure that older individuals are equitably served in federal employment and training programs such as the Workforce Investment Act.

23. Adjust the federal minimum wage on an annual basis to compensate for cost-of-living increases.

24. Implement federal and state policies which support training and retraining of mature workers to ensure their continued participation in meaningful employment; ensure that federal employment programs such as WIA create mature worker practices that are incorporated into national One-Stop career centers.

25. Create incentives or subsidies for employers and employees to update and maintain skills that enable continued participation in the workforce.

26. Encourage community colleges to collaborate with employers in designing and offering training programs for older employees.

27. Promote the use of small business innovation grants to develop on-line training programs for older workers to learn workplace technological skills.

28. Form a National Bipartisan Commission on Aging and the Workforce, charged with examining the aging workforce in depth, making recommendations to improve opportunities for older workers in the American workplace over the next 10 years, and suggesting active demonstration projects that would develop responsive strategies that focus on retirement, re-education and re-careering America's mature worker population.

29. Establish a National Mature Workers Employment Commission to promote innovative employment options and policies impacting older workers, such as employer education on the value of older employees, pay equity, and financial incentives and tax credits for hiring, training and retaining older workers.

30. Establish standardized data collection available through the Bureau of Labor Statistics that enables older worker advocates and others to evaluate the employment status of older workers.

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31. Examine the law, including the tax code, the Employee Retirement Income Security Act, and the Age Discrimination in Employment Act, and remove barriers to phased retirement programs.

32. Clarify the policies that affect employers' decisions to offer innovative phased retirement options.

33. Redirect research funds towards investigating how employers perceive the legal and financial risks in adopting innovative employment for retaining older workers.

34. Assess and revise federal and state statutes affecting retirement policy to remove conflicts and inconsistencies that create barriers to the employment of older workers.

35. Encourage flexible work options such as phased retirement, job sharing, flex-place, and part-year work schedules.

36. Encourage creative retiree rehiring programs and support for older workers who want to be self-employed.

37. Promote benefit packages for older workforce to include flexible work schedules, job sharing opportunities and transportation assistance.

38. Create and expand incentives to encourage workers to postpone retirement or return to the workforce. Such incentives could include more attractive and flexible work options, phased retirement, job sharing, flex-place, part-year and other non-traditional work schedules, retiree rehire programs, and support for older workers who want to become self-employed.

39. Promote phased retirement for older workers to remain in the workforce and living independently in the community.

40. Encourage expanded job opportunities and incentives to foster longer work lives for older workers who wish to or need to remain in the workforce.

41. Create more attractive and flexible work options for workers who choose to postpone retirement or return to the workforce. For example, phased retirement, job sharing, flex-place, part year and other non-traditional work schedules.

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42. Promote retiree rehire programs and support for older workers who want to become self-employed.

43. Encourage tailoring of benefit packages for older workers to include flexible work schedules and phased retirement.

44. Promote private-public research and policy reviews on how innovative strategies affect the hiring and retention of older workers as they adapt to disabilities.

45. Promote research agendas that investigate how disabilities affect employability and employment retention among seniors.

46. Design and enact legislation to provide incentives to create public and private partnerships to remove barriers to employment and retention of older workers with and without disabilities, thus increasing access to benefits and services.

47. Assess current laws in terms of their role in effecting employment as seniors acquire disabilities.

Worker incentives to remain in the workforce and current disincentives to working longer.

1. Employers should portray the value of older workers, their experience and longevity in the workplace by offering flexibility, providing training and education over the lifespan; mentoring partnerships; and offering other employment incentives.

2. Improve the effectiveness of One-Stop career centers to connect mature workers to employment and training opportunities. Improve and promote educational opportunities for older persons by tax incentives and paid training.

3. Continue incentives like the *Family Medical Leave Act* so caregivers can remain in the workforce, continue to provide quality care, and keep their loved ones at home as long as possible.

4. Develop evidence-based practices to increase skills especially around new technology such as computers and the internet.

5. Companies should not be allowed to change or terminate insurance plans for retirees. Women need equal pay because they are penalized twice as they

receive less in retirement. Working seniors should get paid more than the minimum wage.

6. Designate a percentage of *Workforce Investment Act* funds to support local older job seeker programs. Representatives from AAAs and State Units on Aging should be on WIA boards.

7. Job training and education should be presented by people who understand the learning styles of older adults.

8. Encourage the use of flexible work arrangements such as job sharing, tele-commuting, and flexible hours.

9. Amend Social Security to remove the penalty on recipients who continue to work.

10. Expand funding for worker retraining and the *Workforce Investment Act*.

11. Encourage seniors to retrain or redirect by offering free tuition at community colleges and technical schools; encourage school administrators to setup programs to assist senior students.

12. Fund demonstration projects which bring together communities to evaluate the use of aging workers to promote economic growth. Create a public service ad campaign to focus on the achievements and contributions of older workers.

13. Improve the effectiveness of One-Stop career centers to connect mature workers to employment and training opportunities.

14. Remove barriers older workers face when seeking and retaining employment. Such barriers can include employer attitudes about older workers' productivity; job modification, and workplace redesign.

15. Expand and adequately fund training, retraining and life-long learning programs.

16. Expand funding for Title V of the OAA to serve older Americans who are economically disadvantaged, have significant barriers to employment and need intensive services and continue its focus on providing community

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service, as well as employment and training opportunities for low-income older persons.

17. Re-establish targeted funding through the larger workforce system (currently WIA) to serve older Americans through a mainstreamed approach and focus on increasing their skills to meet the demands of the labor market and be more competitive in the workforce.

18. Ensure that older individuals are served by local, State and Federal employment and training programs at least in proportion to their numbers in the population.

19. Eliminate disincentives to work as an eligibility criterion for elderly benefits programs. Seniors should be allowed to earn a reasonable salary above the designated poverty levels prescribed in government programs.

20. Give minority seniors the opportunity to work, without penalty as opposed to volunteerism. This includes tapping into their skills and interests as well as providing opportunities to learn additional skills. While seniors generally, have been harnessing new technologies, minority seniors have not had comparable access to computers and to the internet.

21. Increased transportation options for older workers to travel to and from work.

22. Expand number of professional staff, programs, and materials to address the needs of the elderly in diverse cultures; improve training of professionals in cultural differences around aging and long term care; and adopt policies that will ensure equal access to long term care services and benefits for all seniors regardless of sexual orientation.

23. Develop programs in the workplace to support caregivers.

24. Tailor benefit packages for older workforce to include flexible work schedules (time off and hours of work), job sharing opportunities for older and younger workers in tandem with mentoring programs.

25. Provide work for benefits only program to attract older volunteers to new jobs.

26. Promote more part time employment opportunities by reducing or eliminating pension and social security penalties.

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27. Explore alternatives to encouraging early retirement of valuable employees.

28. Promote a shift in the value of jobs that serve seniors to attract workers into the field.

29. Provide transition services and safety nets to support immigrants and create employment training and opportunities for this population.

30. Create visitor programs for foreign workers.

31. Expand job training programs and support for older single women re-entering the labor force.

32. Increased training and recognition around diversity issues in general and sexual orientation.

33. Support the development of community-based needs and assets inventories to match the skills and talents of residents with programs that need help to better serve the community.

34. Establish demonstrations in states to explore innovative models to help baby boomers transition from work to community/national service roles.

35. Enable senior centers (under the Older Americans Act) to provide programs that address baby boomers' transition into retirement and civic engagement activities.

36. Provide subsidies, tax credits, and other incentives to encourage companies to create flexible employment and volunteer time policies such as job sharing, sabbaticals, phased retirement, and paid/unpaid leave for volunteering.

37. Expand efforts to inform the corporate sector about the benefits of employer-supported volunteering that flow back to the employer, including increased employee productivity and morale, lower absenteeism, more media attention, and stronger ties to the communities in which they operate.

38. Provide financial incentives for companies to help foster worksite and community relationships between persons of all ages. Employer flexibility with hours, transportation relief, and education incentives are important first steps. No-charge background checks, recruiting of senior volunteers, exit

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interviews with volunteers, and exploring agency volunteer incentives are important priorities.

39. Congress should enact legislation to provide incentives to create public and private partnerships to remove barriers so that employers can hire and retain older workers with and without disabilities. This will: 1) Enable more older workers to gain entry and remain in the workplace; and 2) Increase accommodations of all kinds as one ages in the workforce.

40. Encourage business models that emphasize workplace flexibility such as job sharing, telecommuting, and compressed work schedules.

41. Change federal regulations to facilitate phased retirement so that employees eligible for early retirement (age 59½) may chose this option and remain employed.

42. Eliminate Social Security disincentives for people choosing to work beyond traditional Social Security retirement age.

43. Develop an ongoing, nationally represented, federally-driven task force to review the impact of workforce demographics, national models, and promote incorporating the information in strategic planning.

44. Remove the income requirement for the Senior Employment Program.

45. Promote adult day care services at the workplace for dependents of older workers. Provide tax incentives to employers who provide adult day care services at the workplace or who provide vouchers for adult day care services in the community during working hours.

46. Fund and create clearinghouses that could match the special skills of the minority elderly with local jobs, interests and needs as well as integrating these skills with new technology. This could range from sewing to woodworking- from guitar playing to translation support- from child care to mentoring opportunities in working with younger generations. The clearinghouse could pilot employment opportunities geared to the elderly that might include short-term individual contracts, and/or senior center-based economic initiatives in crafts, dance programs or second language learning centers for school children in Spanish, Chinese, Korean, etc.

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Phased retirement as an opportunity for the employee who wants to retire gradually and for the employer who wants to retain older workers.

1. Encourage the application of best practices and the opportunities for adopting non-traditional work schedules and maximum flexibility.

2. Employers and organizations much interact with those agencies involved in workforce transition at the state and federal levels.

3. Remove obstacles in the tax code, ERISA, the ADEA and other statutes that prevent employers from offering phased retirements.

4. Educate older workers about the idea of a "positive" retirement.

5. Amend pension and tax rules to prohibit reductions in pension benefits if an employee elects to "phase-in" retirement.

6. Liberalize nondiscrimination tests for employers who offer phased retirement.

7. Create a national employment policy that specifically examines phased retirements.

8. Work with employers to increase workplace options available for older workers; i.e., telecommuting, part time work, job sharing.

9. Create and expand incentives to help workers who choose to postpone retirement or return to the workforce. Such incentives could include more attractive and flexible work options; phased retirement; job sharing; flex-place, part-year and other non-traditional work schedules; retiree rehire programs and support for older workers who want to become self-employed.

10. Redesign jobs to allow flexibility in schedules to accommodate older workers.

11. Implement the results of the study to best promote and support the recruitment, training and retention of the growing ranks of older adults who wish to remain employed.

12. Improve the environment for workers in the institutional setting.

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13. Federal rules should be changed or established that allow phased retirement to be implemented for employees of any age, years of service, or combination of the two-under the terms of the employers voluntary retirement plan.

14. Encourage employers to offer pension plans that include phased-retirement options and that eliminate penalties for extended careers.

15. Encourage business models that emphasize workplace flexibility such as job sharing, telecommuting, and compressed work schedules.

Assistive technology to help workers remain in the workforce.

1. Establish grants and/or tax incentives to employers to provide training and appropriate technology to enable older persons, especially those with sensory impairments, to maintain/obtain skill sets needed to participate in gainful employment.

2. Encourage the development of products that allow for universal access for all seniors, including those with visual and other limitations.

3. Promote simple accommodations: Larger print copies, larger computer screens, and padded seating to make workplaces easier on older bodies. Provide federal tax breaks to employers who provide specialized assistive technology.

4. Promote employer provision of basic level accommodations such as larger print copies, larger computer screens, and padded seating to make workplaces more accommodating.

5. Provide federal tax incentives to employers who provide specialized assistive technologies that help older workers remain in the workforce.

6. Explore methods for improving employer's support for job modifications and workplace redesigns in order to keep disabled or impaired workers.

7. Explore the potential for re-establishing funding through the larger workforce system (currently WIA) to serve older Americans through a mainstreamed approach.

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Strategies to prevent ageism/age discrimination from affecting opportunities for older workers.

1. Develop/define educational models which decrease ageism for both the general public and business.

2. Develop public education messages about the importance and value of older workers in the workplace.

3. Educate employers about the value and contributions of older workers.

4. Support programs designed to upgrade the skills of our aging workforce, sensitize employers to the capabilities of older workers, and address age discrimination in the workplace.

5. Commission a study which examines Title V of Workforce Investment Act, all federal employment programs, and other public and private sector opportunities to create older-worker friendly practices and enforce age discrimination laws.

6. Strengthen non-discrimination laws to include gender identity and sexual orientation.

7. Expand the anti-discrimination clause in the Older Americans Act to include sexual orientation, gender identity, and other unrecognized communities of elders.

8. Combat ageism by encouraging the Federal Government to provide education and public awareness that emphasizes elders as givers of services instead of consumers of services, that publicizes the positive contributions older adults make to their communities every day, and that focuses on the value of volunteering for people's well-being and self-esteem.

9. Institute and enforce meaningful age discrimination legislation that addresses individual discrimination and that of disparate impact on mature workers in the hiring and downsizing process.

10. Develop a national public education campaign promoting the value of mature workers.

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III. Our Community

A. Coordinated Social and Health Services that Give the Elderly the Maximum Opportunity to Age in Place.

Availability of community referral resources.

1. Improve access to services and supports at the state and local levels by building formal linkages among community-based organizations, including Area Agencies on Aging.

2. Every local system should provide: (1) information and referral; (2) telephone referral service (with a "real person") and in-person case management; and, (3) field specialists.

3. Fund more aggressive training for physicians and their staff to help seniors access services and information on diseases.

4. Foster better identification and coordination of untapped community resources and better communication through caregivers.

5. Use free PSA's (public service announcements) to get the word out about public programs.

6. Design and implement web-based systems such a SeniorNavigator/GetCare which can provide local information and referrals for service providers for long-term care and other senior needs.

7. Information and Referral Services letting elders and their caregivers know they have a local source of information about services and programs and assistance in linking them up with their chosen services. This should include help with paperwork as needed.

8. Establish a national 1-800-GRANDMA phone number to provide information and assistance on custody, guardianship and adoption, and referrals to supportive services in each state.

9. Establish a program that would consist of an agency actively and aggressively assisting families/individuals with long term planning and information/referral.

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10. Develop special support networks piloted and funded targeting elderly and near-elderly women, and for gay, lesbian, bisexual and transgender elderly populations who are underserved.

11. Convey consumer information to the minority elderly through a diversity of channels to include native language and English language radio, television, newsprint (English language, ethnic and alternative), and face to face meetings.

12. Support intergenerational programming through increased emphasis on civic engagement between elders and young people at the high school and junior high levels.

13. Establish a National Resource Center on Aging in Place to provide necessary guidance, training, and technical assistance to Area Agencies on Aging and Title VI Native American Agencies in their efforts to assist in the development of livable communities for all ages; In addition, tap into the tremendous resources of academia to implement research that sustains and enhances communities.

14. Develop and disseminate key written materials, audios, and videotapes, particularly regarding medical and legal issues, in other languages.

15. Establish individual property rights of personal health information.

16. Reform federal laws to prevent interference of consumer control over health information.

17. Promote publicly visible prices for curative and supportive services.

18. Enable the unbundling of healthcare services so they can be priced separately.

19. Provide for small business research grants that enable the development and testing of mechanisms that reinforce consumer management of healthcare resources and consumption.

20. Increase awareness of the issues of costs for long term care, estate laws, and overall financial responsibility and accountability.

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21. Encourage collaborations across the private sector, non-profit, national, state and local agencies to have a comprehensive and unified list of private and public healthcare resources.

22. Encourage development of educational programs to assist beneficiaries in understanding and navigating the many new choices and options in Medicare.

23. Educate Americans about their expected longevity and the need to plan so that retirement assets last throughout the lifespan by supporting the expansion of the "Own Your Future Long Term Care Awareness Campaign" to a national campaign.

24. Promote financial education early in our schools and continue through adult education and workshops recognizing the aging network as a trusted source of comprehensive information.

25. Encourage translation of written and online materials.

26. Collaborate with CBOs in the dissemination of information. Community based organizations (CBOs) that provide services or support in communities of unserved and underserved populations play a crucial role in the lives of LEP elders. CBOs that serve these communities provide an anchor for an infrastructure that provides relevant information and assistance.

27. Utilize ethnic media both print and electronic to disseminate information about aging programs and services.

28. Provide multilingual customer service in person and over the phone.

29. Hire bilingual staff, including caregivers, nurses, doctors and specialists.

30. Provide translator services when bilingual staff are not available.

31. Consider higher reimbursement rates to help defray the cost of translators and additional time for interpretation.

32. Support research to document the improved outcomes resulting from better communication and the potential costs of miscommunication between patient and provider.

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Configuration of Senior Centers to appeal to the next generation of Senior citizens.

1. Promote Senior Centers which redefine the image of seniors and provide a new package of services in a "one-stop" format including the internet, work opportunities, computer literacy training, family care giving, legal services, in-home care, nutrition, and preventive health services.

2. Relax the requirements that currently are in place regarding senior centers to allow for growth in ways that are not currently apparent.

3. Promote more physical activities for senior center communities to better promote socialization and healthy lifestyles for seniors.

4. Increase funding for senior centers and make more efficient use of funds.

5. Senior centers should serve multiple purposes, such as adult day care centers, gathering places with planned activities and restaurants, and wellness centers, which would better serve aging baby boomers and enable older adults to function in multiple roles.

6. Senior centers should have direct funding for general operations and promotion of mental and physical wellness.

7. Build senior centers that can also serve as disaster shelters.

8. Assure all existing facilities used by seniors meet ADA requirements.

9. Develop activities and programming boomers want, including more challenging physical activities, an emphasis on wellness, and life-long learning opportunities.

10. Encourage the interaction between children and seniors by inviting schools to present musical performances at the senior center, offer to give talks to schoolchildren about aging, and establish an Adopt-a-Grandparent program.

11. Support senior centers, as they are key providers of educational opportunities, and ensure that new needed services, such as language classes and education on financial and medical issues, are provided.

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12. Create senior centers that serve as a hub for outreach to and engagement of Hispanic, Asian, and African American networks and institutions to include business, cultural, and religious. In such a capacity, the senior centers can also bridge those assets with more established general institutions around or in these communities. Senior centers should have this as a core service that is adequately funded and as a way to deter social isolation.

13. Congress should designate a national celebrity as a spokesperson for senior centers and provide funding for generic promotional senior center ads. Similarly, each state and possibly county should designate a well-recognized spokesperson for local senior centers.

14. Offer regular training for senior center staff to help them understand and cope with the changing environment. This could include the implementation of cultural competency training programs.

15. Support an expanded role for senior centers as focal points for community-based services to seniors, caregivers and families.

16. Support the operation of senior centers as independent service agencies, and the placement of social and clinical services within those agencies. Modernize Title III of the Older Americans Act to facilitate access to all services based at senior centers.

17. Support efforts to modernize and upgrade senior centers facilities so that they will offer a broad appeal and attract and serve new generations and culturally different groups.

18. Encourage senior centers to recruit members to their boards that draw from a wide range of interests in their communities.

19. Encourage multi-use strategies for senior centers that lead to greater community involvement and a resource for emergency preparedness and response.

20. Provide a comprehensive review of state and federal funding that may be combined with senior center development for greater cooperation between community services, including Internet access, library sharing, and civic events.

21. Promote high standards of visible and effective management of senior centers.

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- **Coordination between health and aging networks.**

1. Develop through partnerships a program that will wrap home and community based support services around medical services into a seamless system of care and enhance coordination of fiscal and human resources within health and aging networks across the life continuum

2. Demonstrate what services are needed to help older persons and persons with disabilities live independently through the implementation of the *Aging & Disability Resource Centers*.

3. Change federal and state laws to allow service providers to integrate funds from a variety of sources (including federal, state, and county funding sources from the mental health and aging fields) to expand and improve services to older persons and their families.

4. Develop and implement a comprehensive assessment instrument for all senior services and health services and implement referral procedures which allow referrals between mental health and aging professionals.

5. Establish consortiums with community programs on aging and organizations representing health care and legal professionals, (e.g., the AMA, ABA, local medical societies, and bar associations) and develop partnerships and collaborations between federal, state, tribal, and community programs.

6. Expand training and education to mental health professionals, aging professionals, and health care providers (including primary care physicians) and sensitize each to the roles, responsibilities, and barriers of the other.

7. Create a behavioral health indicator check list to assist Aging Network case managers in identifying possible mental health issues during client assessment for appropriate referrals to local community mental health centers.

8. Increase collaboration among aging network, mental health and substance abuse service providers, housing facilities, health care providers, consumer organizations, advocacy groups, professional associations, academic institutions, research entities, and all relevant government agencies maximizing the strengths of each group to promote more effective use of resources and to reduce fragmentation of services.

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9. Promote greater use of web-based screening, decision-support and enrollment tools to complement and support community-based outreach efforts.

10. Remove federal and state barriers to allow healthcare providers to integrate their multi-source funds in order to improve integration of services to seniors.

11. Enable the use of small business innovation grants and other sources of research funds for the development of integrated assessments of health, risks, symptoms, financial eligibility, and referral procedures that coordinate communication between older consumers and healthcare providers.

12. Expand the Aging and Disabled Adults Resource Centers that provide coordinated information about appropriate programs and services through local aging networks.

13. Promote coordination of health care providers, public health departments, social service agencies and others in the aging network.

14. Expand the use of aging networks to all states and territories, as these provide coordinated information for seniors and their families about programs and services.

15. Create incentives and opportunities for private-public partnerships that can coordinate one-stop gateway systems for accessing a full spectrum of healthcare providers to facilitate information and referrals by older patients and their families.

16. Promote the use of centralized community data derived from coordinated monitoring of demands for services and the supply of accessible options.

17. Enhance Aging Network efforts to inform seniors and their family members about the range of services available to help elders live independently by supporting expansion of aging and Disability Resource Centers to statewide programs in all states and territories.

18. Collaborate with branch libraries and other library systems and non-library partners. Link to collaborators' websites to provide literacy, financial, legal, medical classes to assist older adults in remaining well informed.

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19. Assure continuation of the OAA to adequately serve the projected growing numbers of older Americans, particularly the growing ranks of the old-old, those ages 85 and over.

20. Allow for maximum flexibility in use of resources and provision of services by Area Agencies on Aging to most efficiently and effectively meet the changing needs in their own communities.

21. Create a new title within the authorization of the OAA to authorize State Units on Aging, Area Agencies on Aging, and Title VI Native Americans Agencies to proactively prepare for the aging of the baby boomers.

22. Expand Title III-E to allow agencies to serve grandparents and older adults who are providing care to adult children with disabilities and change the definition of kinship in the National Family Caregiver Support Program to include non-blood caregiver relationships.

23. Include a provision under Title V of the Act that would require a comprehensive study of current and future senior employment needs to recommend procedures to coordinate programs to best promote and support the recruitment, training and retention of the growing ranks of older adults who wish to remain employed.

24. Support the authorization of Title VII provisions and services to enhance the Aging Networks' capacity to increase training of law enforcement officials and medical staff, broaden public education and community involvement campaigns that are culturally appropriate, and facilitate coordination among all professionals and volunteers involved with the prevention, detection, intervention and treatment of abuse and neglect of vulnerable older adults.

25. Include statutory language in the OAA that increases support to the Aging Network to promote senior mobility, expand cost-effective options, and facilitate coordination of human services transportation.

26. Support educational training on geriatrics in the health and social services professions.

27. Create under Title IV of the Act a National Education and Training/Certification Program for Area Agencies on Aging and Title VI Native American directors and aspiring directors that would reinforce and

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broaden the capacity of Aging Network leaders to meet the needs of a culturally diverse older population.

28. The Older Americans Act shall specify one or more Nutrition and Physical Activity Resource Centers.

29. Strengthen all nutrition programs in the Older Americans Act and in other current laws, and conduct an evidence-based study of the cost effectiveness of OAA nutrition programs.

30. Strengthen both home-delivered meals and congregate meal sites so that older persons receive meals seven days a week.

31. Support enhancements to senior nutrition programs that make them more culturally and generationally responsive and appropriate.

32. Increase emphasis on nutritional assessments in primary care settings.

33. Encourage the continued development and outcome assessment of Nutrition and Physical Education Activity Resource Centers.

34. Consider increasing the federal benefit standard and discontinue counting in-kind support and maintenance as income.

35. Increase the assets/resources limits and index increases to inflation.

36. Develop and fund an effective outreach program.

37. Remove disincentives in SSI that discourage cohabitation with family members.

38. Allow external sources of income in addition to SSI in order to ensure financial independence of the beneficiary.

Accommodation of the differences between the Baby Boomer aging population and previous generations of the elderly.

1. Facilitate community planning efforts over the next ten years to enable localities to develop the programs, policies and services needed to address the aging of the baby boomers, diversity, and increased longevity of older adults.

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2. Establish Business and Aging Planning Groups in cities and states throughout the country to plan for the aging of the boomers and to address the needs of the current older population.

3. Engage boomers in discussions about future directions of present day federal senior nutrition programs to ensure their participation.

4. Create a new title through the reauthorization of the OAA to authorize State Units on Aging, AAAs, and Title VI Native American Agencies to prepare for the aging o the baby boomers.

5. Enhance home health care and home and community based care by maximizing funding under Medicare/Medicaid and the Older Americans Act; increasing wages and benefits for workers providing home and community-based services; focusing on prevention; coordinating services that are appropriate to each individual's functional needs and finances; exploring innovative funding sources such as public and private grants, and advising lawmakers about performance measures.

6. Provide more aggressive training to medical professionals on services available to seniors as well as require proper training for care by family members before discharge from hospitals.

7. Coordinate information across multiple management systems and health and aging networks.

8. Establish and subsidize non-profit adult day care facilities in order to provide alternatives to nursing homes and other residential centers.

9. Continue to fund rural demonstration projects that focus on best practices in service delivery to rural seniors across aging and health care systems.

10. Advocate with federal healthcare agencies to enforce a staff to patient ratio that would ensure proper care for patients.

11. Expand long-term care hours that will ensure sufficient and appropriate care for frail and ill seniors living in the community.

12. Encourage cross-cultural training and interpreter training to ensure support for diverse populations.

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13. Create confidentiality forms and agreements to allow for easy flow of information between multiple networks of professionals on mutual clients.

14. Promote cross-government and cross-sector communications on demographic trends and their likely effect on various industries and government activities.

15. Promote on-going public engagement on necessary policy reforms for accommodating the demographic future.

16. Encourage community planning efforts to develop and share policy strategies that will address unique needs and opportunities among the aging Baby Boomers and the longevity of older Americans.

17. Encourage education programs to focus on the demographic future, and develop programs that ensure future knowledge about aging complexities and their impacts on private and public affairs.

Emergency/disaster preparedness and response as it relates to older persons.

1. Establish an emergency management system including lists of individuals using oxygen, and a geographic information system to prioritize services.

2. Establish a backup communications system to update and disseminate emergency information; Emergency organizations should have a formal plan to assist special needs populations**.**

3. Develop a city map highlighting neighborhoods with a high concentration of older people, as well as more detailed neighborhood maps; and Disseminate information on public services and emergency planning several times a year.

4. Establish a system to identify community service providers and permit them to enter a disaster area in order to provide critical assistance and information to older and disabled people.

5. Provide opportunities for assessment, planning, education, and dissemination of information on emergency preparedness through community sites such as senior centers, faith-based and other organizations.

6. Encourage coordination across federal, state and local community emergency response teams.

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7. Encourage continued federal coordination of a response and collaboration with state and local levels including definition of roles and responsibilities in an influenza outbreak.

8. Encourage the development of a coordinated response plan to an emerging viral influenza (e.g., avian flu).

9. Encourage the rapid development, evaluation, approval, and licensing of vaccines against influenza.

10. Support further implementation of a vaccination program that rapidly administers vaccine to priority groups and monitors vaccine effectiveness and safety.

11. Strengthen global surveillance – human and veterinary – leading to earlier detection of an influenza threat.

12. Assist state and local governments with influenza preparedness planning in order to provide optimal medical care and maintain essential community services.

13. Improve communication effectively with the public, health care providers, community leaders, and the media regarding the risks of influenza.

14. Support the expansion of manufacturing capacity for influenza vaccine.

15. Encourage older adult participation in planning, preparation and response to emergencies and disaster preparedness programs.

16. Encourage collaborative public (federal, state, and local governments), private, non-profit, community, families, and individuals to refine emergency response planning for Americans who are dependent upon others for mobility.

17. Develop a public warning system with special instructions for people that require additional assistance.

18. Promote education for older Americans at the federal, state, and local level on responses to terrorist related events.

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19. Develop plans to assist or, when necessary, evacuate older Americans with reduced mobility or disabilities, and those in nursing homes.

20. Encourage regular community meetings to discuss what to do in the event of a terrorist attack.

21. Encourage older Americans to keep several days' worth of any prescription medication that they are taking and to set aside a supply of clean water and non-perishable food.

22. Encourage younger Americans to offer assistance to older neighbors in the event of an emergency.

23. Local governments should publicly identify multiple locations where older Americans can go for assistance and information regarding a terrorist attack.

24. Assess the national, state, and local capacity for evacuating people with disabilities from their communities during disasters.

25. Encourage collaborative public (federal, state, and local governments), private, non-profit, community, families, and individuals to refine emergency response planning for Americans who are dependent upon others for mobility.

B. Promote Support for Both Family and Informal Caregivers that Enables Adequate Quality and Supply of Services.

Caregiver support: training, respite, information, referral, and needs assessment for family caregivers. Training and financial support for paid caregivers.

1. Expand the Grandparents Raising Grandchildren/Kinship program to include case management services, and make the program available regardless of age.

2. Allow flexibility to use dollars to support families, caregivers and/or day care programs in order to provide more effective and less expensive alternatives to institutional models.

3. Help working family caregivers by implementing a *Parental Leave Act* and by giving incentives to employers for family friendly policies and by changing health insurance policies so part time workers can access it.

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4. *National Family Caregiver Support Program* should include meals as part of the program and maintain priority for congregate meals program to address nutrition and socialization.

5. Encourage federal and state programs for older persons which provide funds to support innovative intervention programs.

6. Continue to encourage the development of community based Adult Day Health Care facilities with the ability to provide quality care for dementia clients as well as caregivers and families.

7. Strengthen information and referral function of AAAs as county focal points.

8. Assist caregivers financially when they have to quit a job to care for elderly parents so that they can care for their parents at home.

9. Promote training on nutrition and wellness for family caregiver advisors and family caregivers.

10. Implement policies that give credit for child care and caregiving support in the eligibility and distribution of benefits programs.

11. Include caregiver experts and organizations in policy discussions about possible reforms of long term care programs and financing mechanisms for long-term care services to ensure that family caregivers and those for whom they care are properly supported.

12. Government programs should be expanded to better support the diverse population of caregivers by increased funding for the National Family Caregiver Support Program through 2015 tied to an index reflecting cost of living increases and increasing the number of caregivers.

13. Enact the Lifespan Respite Care Act.

14. Establish a bipartisan commission on caregiving to bring visibility to the issues of caregiving and the importance of supporting caregivers for our families and our society.

15. Provide significant tax breaks to developers who build high-quality, multi-service, multi-care senior housing that includes independent living, assisted living and skilled nursing care on the same campus.

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16. Allow seniors to downsize their housing without tax penalties.

17. Allow tax credits to remodel one's home to make it safer and more senior-friendly.

18. Provide oversight for services that allow seniors to remain self-sufficient longer -- cleaning services, home repair services, home-delivered meals, assistance with bathing -- to avoid exploitation.

19. Develop a public education program to remove the social stigma from accepting help.

20. Direct the Assistant Secretary of AoA to prepare a report and recommendations to the President and Congress that would identify financial incentives for caregivers providing care to populations identified in the Older Americans Act.

21. Support the development of a demonstration program to test initiatives to enhance and sustain caregivers of the young and old.

22. Increase funding for the National Family Caregiver Support Program.

23. Recognize and support the need for mental health services for grandparent caregivers.

24. Encourage nursing facility providers to make better use of legal and risk management advice and provide professional education about perceived legal risks for nursing facility providers.

25. Provide funding for family therapy training programs to train therapists to develop expertise in treating later life families.

26. Ensure that caregiver training and certification includes a "cultural competency" component.

27. Encourage AoA funded agencies to expand their outreach to caregivers in minority communities.

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28. Actively pursue and implement public, private and faith-based partnerships, including tax credits and incentives for corporate participants and family caregivers.

29. Family caregivers must be protected against the financial, physical and emotional consequences of care giving through consumer-directed care, mini-social security benefits, and family friendly workplace policies.

30. Family caregivers need regular comprehensive assessment of their care-giving situation and increased access to training and support.

31. Family caregivers must have access to affordable high quality respite care as a part of the supportive services network.

32. Strengthen the national Family Caregiver Support Program (Title III Part E) by: (a) expanding the definition of 'child' to include adult children with disabilities; and (b) integrating the Alzheimer's demonstration initiative.

33. Target additional funds to grandparent Caregivers by eliminating the 10% limit on funds that can be spent for grandparent caregivers.

34. Develop national and local task forces to collaborate on kinship issues.

35. Design an instrument and program to assess informal and family caregivers that can accurately determine their needs for targeted services.

36. Expand the definition of family caregivers to incorporate the diverse care giving situations and family configurations present in contemporary life. This includes diversity in terms of race, ethnicity, lifestyle, geography (urban/rural) and income levels as well as an expanded definition of "family" to include non-traditional families and non-kin informal caregivers.

37. Pass the Subsidized Guardianship bill, which would expand and increase subsidized guardianship for children who are not in foster care.

38. Ensure access for all family members to health care so grandparents will not need to choose between their own health and their grandchildren's needs, and establish a mechanism to provide grandparent caregivers with free or subsidized legal assistance.

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39. Insist on national standardization with agency oversight so that all adult day centers subscribe to identical principles and processes when establishing and operating their programs.

40. Development of a leadership program designed to increase health and social service professionals who are people of color interested in the field of aging in particular.

41. Create mentoring opportunities designed to interest younger people of color in management careers in the aging field.

42. Encourage private companies to provide on-site adult day programs.

43. Provide increased training to caregivers on financial management, proper lifting techniques, and stress reduction.

44. Support continuation of the National Family Caregiver Support Program through 2015 and enactment of the Lifespan Respite Care Act.

45. Encourage employers to develop voluntary flexible workplace policies and programs that support employed caregivers. Government should work with employers to provide technical assistance and incentives such as tax advantages to develop and support a larger array of paid and unpaid leave options including: flex time, phased retirement and programs that are responsive to diverse caregiver populations.

46. Establish a bipartisan commission on caregiving be established to bring visibility to the issues of caregiving and the importance of supporting caregivers for our families and our society. The Commission should foster research to support the evidence based efforts of employers and community organizations regarding outreach and support for caregivers.

47. Provide tax incentives and flexible use of federal and state funds to support families who use informal care for their family members.

48. Create policies that protect consumers' ability to choose alternative methods for reviewing, accessing, and contracting care from formal and informal sources.

49. Promote an on-line consumers' report on technologies and services that are tailored to long-term care, both formal and informal.

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50. Develop a national standardized inventory for determining the level and scope of health and supportive needs of older Americans and their families.

51. Explore evidence-based approaches that support the caregiver, including assistive technologies that can facilitate the delivery of care.

52. Encourage employers to develop flexible workplace policies to accommodate employees who are also informal caregivers

53. Improve outreach and education efforts to seniors and informal caregivers.

54. Develop a national strategy that recognizes the important role of family members and other unpaid informal caregivers and provides assistance to maintain their efforts.

55. Support educational programs for formal and informal caregivers including information on supportive services, referral sources, and assistive technologies that facilitate care delivery.

56. Continue to support and improve home and community based care (including in-home care, adult day care, respite, nutrition, and help for care giving families) as a preferred alternative to institutional care.

57. Encourage AOA to prepare a report and make recommendations to the President and Congress that would identify financial incentives, direct or through tax credits, for caregivers providing care to populations identified within Title III-E of the Older Americans Act.

58. Extend Title III-E of the Older Americans Act to include provisions for a demonstration program to pilot test initiatives designed to enhance and sustain caregivers of the young and old.

59. Educate businesses on the value of caregiver support.

60. Develop and implement a national campaign to increase public awareness of home and community based services, how to access these programs, and the important role played by family and volunteer caregivers.

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61. Create a system of in-home respite care services using volunteers to help caregivers maintain older adults, including veterans, in their homes as long as possible.

62. Maintain and support private/public and non-profit collaborations that provide services to grandparent caregivers.

63. Develop a national strategy to support grandparents who are primary caregivers for their grandchildren.

64. Encourage continued development of web-based and other resources for grandparents raising grandchildren.

65. Increase National Family Caregiver Support Program participants to include grandparents between ages fifty and over.

66. Promote increased awareness of the national Family Caregiver Support Program to underserved communities (e.g. Latino).

67. Create national standards that allow grandparents raising grandchildren to provide the full range of caregiving, including enrollment in school, seeking medical care for grandchildren, and applying for health insurance for grandchildren.

68. Create a national resource and information and referral center to connect grandparent caregivers with information and support services available to them.

69. Encourage the development of comprehensive services for grandparents and other relatives raising children. Recommended services include but are not limited to information and referral, respite care, specialized housing, physical and mental health supports, and supplemental services.

70. Encourage increased private and faith-based support for comprehensive services for grandparents and other relatives raising children.

C. Livable Communities that Enable the Elderly to Age in Place.

▯ Senior-friendly community and residential design.

1. Integrate passive monitoring including the use of smart sensors into supportive housing to better manage the costs of care and create a simple and cost effective platform for other technologies to enable individuals to remain at home.

2. Promote *Universal Design* concepts among the public and construction industry.

3. Involve engineers, parks and recreation, universal design experts, businesses, and traditional services to build support for "Livable Communities for a Lifetime."

4. Development of universal design building code and creation of higher profile for universal design among architects, developers, and builders

5. Encourage the development of pilot model communities that include housing, shopping, and services, as well as transportation links to the broader community through tax incentives.

6. Mandate the use of adaptive products including raised toilets, easy to open windows, and wheelchair accessibility.

7. Legislate co-op guideline modification to address senior housing needs, and exempt households age 65 and over from laws preventing them from installing adaptive devices and making necessary home alterations.

8. Fund coordinators of services who can educate older adults about, and assist with assessments and with finding resources to pay for home modifications for handicapped accessibility.

9. Increase the funding for residential repair, weatherization, energy assistance and home modification.

10. Use private non-senior agencies to create a network for home repair and home modification: Engage organized labor and youth organizations in home repair projects to install grab bars and ramps; weatherize homes and make other necessary repairs and modifications.

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11. Allow assisted living facilities to provide moderate levels of medical assistance.

12. Work to improve the livability of homes in naturally occurring retirement communities (NORCs) to help those who wish to remain in their homes do so.

13. Encourage the development of CCRCs to accommodate the needs of seniors who prefer the continuum of care model for senior living.

14. Promote planning for the finance of housing needs in retirement (including preparation for long-term care expenses).

15. Build a community with the idea that a sense of community can be a planned physical dimension-an area where there are residences, resources all within good proximity of the participants.

16. Provide tax incentives for builders using universal residential design and universal community design.

17. For all new construction and renovations done with public funds, require the use of universal design.

18. Engage the architectural and housing industries in discussions around universal design so that it becomes the standard of practice for all building and renovations.

19. Encourage 'visit-ability' as a integral component of aging in place.

20. Promote customer service training on dealing with older adults. Encourage the promotion of policies for intergenerational housing and service funding streams and provide funding for demonstrations projects to test and develop new models of housing and service integration.

21. Educate the public to look ahead to the future and plan for meeting alternative housing needs.

22. Revise *Uniform Building Code* to address mobility issues of seniors and implement requirements to standardize housing to allow aging in place for seniors.

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23. Provide tax incentives for home building industry to build handicap-friendly homes.
24. Establish, staff, and fund a Senior Housing Office within the Office of the U.S. Secretary of Housing and Urban Development to ensure that the sousing design needs, including home improvements to accommodate older home owners and renters, are taken into account in the development of relevant federal policies and programs.
25. Expand incentives and opportunities for private sector developers to construct communities tailored for older Americans' needs, including comprehensive structural systems, on-site services and supportive elements, such as safe pedestrian pathways for greater physical activity.
26. Direct research funds towards investigating the health, economic, and quality of life aspects of various community models for older Americans, including naturally occurring retirement communities, home ownership in cooperatives, and mixed use integrated housing options.
27. Promote the wide use of best practice evidence from innovative home-based and community-based coordination and communication of health and social services.
28. Promote universal residential design and universal community design.
29. Develop private/public partnership and promote regulations that encourage the private sector to build communities that meet the housing preferences of baby boomers and current seniors.
30. Promote a marketing campaign to make state, county and local community developers aware of the demand for senior friendly communities that will accommodate lifelong aging in place.
31. Promote demonstration projects that would use closed military bases as models of universally designed communities.
32. Create an innovative program within the Department of Housing and Urban Development for the planning review of communities to encourage universal design and livability.

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33. Disseminate information on existing models of universal design such as the partnership between AARP and Home Depot to design communities that are safer and more user friendly.

34. Promote universal community design by providing tax incentives for builders using universal residential design and universal community design practices.

35. Promote a marketing campaign to make builders, architects, and developers aware of the demand for new homes that will accommodate lifelong aging

36. Develop private-public partnerships to promote regulations that encourage construction of senior friendly residential developments.

37. Promote functionality assessments of residential designs so as to prevent the need for retrofitting in the future.

38. Promote education of designers, builders, and developers about the minimal cost of incorporating universal design into new home construction.

39. Explore with banking and mortgage industries innovative housing finance options for older adults such as building or converting existing space into granny suites, companion units or attached or detached apartments built as additions to single family homes.

40. Encourage builders of single-family homes and town homes to adopt the Easy Living Home certification program, which incorporates features such as at least one full bath on the main floor; a bedroom, entertainment space and kitchen on the main floor; ample interior door widths; and one step less entrance to the home.

41. Continue to assess and improve home and community based care (including in-home care, adult day care, respite, nutrition, and help for care giving families) as a preferred alternative to institutional care when appropriate.

42. Expand the capacity of existing home and community-based services through new public and private partnerships and innovative funding sources.

43. Enhance incentives for senior housing to include options to remain at home in the community facilitating aging in place.

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44. Encourage community assessments including review of the compatibility of local planning and building practices and zoning with evolving housing preferences of older Americans.

45. Provide incentives for modernizing and retrofitting existing housing to facilitate ageing in place.

46. Encourage informal and family caregivers to provide or share housing support for people with disabilities through incentives.

47. Advance the linkage of social and health services to senior housing in a way that provides cost-effective options to institutional care.

48. Encourage private and non-profit networks for home repair and home modifications. Engage faith based, organized labor and youth organizations.

49. Encourage the use of adaptive products including raised toilets, easy to open windows, wheelchair accessibility, and ramps.

50. Integrate passive monitoring including the use of smart sensors into supportive housing to better manage the costs of care and create a simple and cost effective platform for other technologies to enable individuals to remain at home.

51. Develop a program that would identify and codify (tax code) income and business tax credits for home and multifamily residences modification that improves ones ability to remain in the community, safer and longer.

52. Develop a program that would identify business tax credits for builders incorporating design features that would allow residents to age in their homes rather than be forced out of them because design features present barriers as increased frailty becomes a reality.

Protection from neglect and physical abuse.

1. Enact and fully fund the Elder Justice Act (EJA), and include provisions that would elevate Elder Justice issues to the national agenda in the form or EJA offices.

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2. Strengthen federal laws and programs addressing elder abuse including adequate funding for Title VII, Chapter 3 (Elder Abuse Prevention) and Chapter 2 (Long-Term Care Ombudsman Program).

3. Support research to inform elder abuse policy, programs and practices by creating Centers of Excellence to focus and coordinate research.

4. Establish mechanisms to collect and analyze elder abuse data from federal, state and local health care, social service, and justice sectors.

5. Educate people who have regular contact with seniors (including hair dressers, postal carriers, and persons delivering meals) about elder abuse and its indications.

6. Use public marketing campaigns (including PSA's on cable television and billboards) to educate the public about elder abuse.

7. Encourage law enforcement officers and former victims to speak out publicly about elder abuse.

8. Enhance supervision from social service agencies to ensure persons are not being abused or neglected in the home environment.

9. Develop universal screening for indicators of abuse and risk for abuse by attorneys who serve older adults.

10. Develop safeguards for Powers of Attorney and other fiduciary arrangements.

11. Educate consumers about how to avoid scams and all forms of financial fraud.

12. Make more daily money management programs available through the aging network.

13. Develop and test interventions with perpetrators that prevent further abuse.

14. Ensure resources to prosecute abuse so that it is no longer a low risk crime and educate judges about legal issues surrounding elder abuse.

15. The importance of Title VII of the OAA, including its provisions for elder abuse and elder rights protections for Native Americans, should be given more attention.

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16. Examine adult day care as a source of prevention of elder abuse.

17. Create an anti-discrimination clause within the Older Americans Act that will protect vulnerable senior constituencies.

18. Allocate resources and legislation to educate and protect the emerging and current older population from “anti-aging quackery”.

19. Recommend that guidelines provided within the federal regulations for skilled nursing facilities address the issue of arbitration and its effect on residents within skilled nursing facilities, and make it clear that arbitration agreements cannot be tied to the admission process.

20. Define the role of the Social Services Block Grant (SSBG) in meeting the needs of the elderly, whether in APS or in other ways.

21. Boost funding and functioning of APS through enactment of EJA requiring funding of APS programs, allowing APS programs to apply for AoA funds currently designated only for the State Units on Aging, and designating APS as a priority area of service for existing community programs such as Elder and Disabled Waiver program.

22. Continue support from the federal government for research, training, policy development, multidisciplinary coordination, and other types of support to local prosecutors.

23. Establish caseload standards and training requirements for Adult Protective Services workers.

24. Allocate Federal funds for in-home services specifically for individuals who are at risk of abuse, neglect, and exploitation.

25. Adult Protective Services should be linked with county prosecutors or attorneys and LTC Ombudsman to protect those who are frail and vulnerable.

26. Empower professional long-term care Ombudsmen and recruit and train more volunteer community Ombudsmen.

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27. Recommend stronger enforcement of laws and regulations to protect long term care consumers, including cutting funds to facilities where there is abuse and neglect.

28. Sustain and support long-term care family councils and citizen advocacy groups.

29. Reform the survey and penalty system.

30. Realignment of public and privately funded legal services programs and the expansion of other methods of providing legal services to underscore the critical need for coordination of these services with each other and with other elder rights and advocacy programs, as well as the private bar.

31. To educate the next generation of lawyers about elder law, law school curricula should address ethical issues in aging such as client capacity, autonomy, and confidentiality, as well as substantive legal issues and should promote an awareness of legal issues affecting older persons with low incomes.

32. Recommend validated, reliable methods of assessing the capacity of elder services professionals. Experts from these fields, supported by adequate funding, should develop education and training materials and curricula on capacity assessment of older adults in a range of settings.

33. Prevent and reduce elder abuse by increasing the monitoring of long-term care workers and by increasing the availability of respite care services for family and other caregivers.

34. Provide adequate funding (such as Title XX of the Social Services Block Grant), so that Adult Protective Services can be established at the local level with the same commitment as Child Protective Services.

35. Support the training of first responders (police, fire, ambulance) in local communities regarding indicators of financial and physical abuse and the availability of protective services.

36. Information and assistance and elder abuse sections of AoA funded agencies, as well as local city and county emergency response help lines, should be encouraged to expand their resource listings to include information on Lesbian, Gay Male, Bisexual, and Transgender (LGBT) community resources

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that can help LGBT seniors, their families and friends. Sensitivity training for these first responders would also be highly recommended to avoid immediate disconnects because of inexperience or hostility towards the callers.

37. Advocate for placing elder mistreatment on the national agenda as a growing public health issue and for establishing a national interagency commission for the development of a coherent national policy to prevent, detect and intervene in elder mistreatment, using a conceptual and programmatic framework recommended by a multidisciplinary panel of experts convened by the U.S. Centers for Disease Control and Prevention in 2002.

38. Enhance funding to provide elder abuse awareness and protection grants in Indian Country.

39. Enhance federal laws and programs addressing elder abuse including all chapters of Title VII of the Older Americans Act, Social Security Block Grant, and advance new, comprehensive initiatives, especially the Elder Justice Act.

40. Promote education of those who have opportunities to contact seniors, including doctors, postal carriers, bank employees, power company employees, and people delivering meals, are aware of the signs of elder abuse and neglect and how they can report these cases.

41. Advance research and monitoring on elder abuse by assisting states in the development of data collection systems with consistent and compatible national data, including standard outcome measures across ombudsman and prevention programs.

42. Encourage states to share best practices on how they manage caseload and training for adult protective service workers, and develop coordinated comprehensive care plans through multidisciplinary teams

43. Educate future lawyers about elder law by encouraging curricula that addresses issues in aging such as the client's capacity, autonomy, and confidentiality.

44. Strengthen laws that aid prosecution of elder abuse and create effective penalties to enhance deterrence

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45. Encourage more effective state-level oversight of surrogate decision makers such as guardians, conservators, and holders of durable powers of attorney.

46. Encourage use of adult protective reports, services, hotlines, and education coordinated across service networks, and among professionals of social agencies, law enforcement and courts.

47. Promote private-public collaboration in supporting community emergency shelters for seniors who are neglected, exploited or victims of crime.

48. Pass the Elder Justice Act.

49. Intensify national, state, and local efforts, in partnership with the public and private sector, to educate Americans on elder abuse and train multi-disciplinary professionals in its identification and prevention

50. Promote increased availability of respite care services for family and other informal caregivers to support their efforts and prevent abuse and neglect

51. Enhance federal laws and programs addressing elder abuse including Title VII, Chapter 3 (Elder Abuse Prevention) and Chapter 2 (Long-Term Care Ombudsman Program) through continued refinement of outcome measures used to appropriately quantify the success of these programs.

52. Promote public awareness campaigns through public and private partnerships at the federal, state, and local level to educate people about elder abuse indicators, and specifically educate those in regular contact with seniors (including doctors, postal carriers, bank employees and other financial professionals, power company employees, and persons delivering meals).

53. Educate future lawyers about elder law by encouraging the development of law school curricula that addresses ethical issues in aging such as client capacity, autonomy, and confidentiality, and other legal issues.

    a. Establish federal caseload standards and training requirements for APS workers.

    b. Coordinate a national campaign to promote the importance of APS programs.

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54. Implement GAO recommendations on guardianship monitoring and accountability.

55. Encourage collaboration between legal and medical professions on the determination of incapacity and all aspects of guardianship.

56. Encourage development of multi-disciplinary tools to be used in educating professionals involved in guardianship models, including family guardians.

57. Promote development of uniform data collection and research on guardianship to identify successful practices and explore the guardianship process of enhancing the well-being of persons with diminished capacity.

58. Promote development of multi-disciplinary diversion programs with involve collaboration among financial institutions, law enforcement, and adult protective services as an early intervention process to avoid the need for guardianship.

59. An ongoing dialogue between legal and medical professions on the determination of incapacity and all aspects of guardianship should be encouraged.

60. Promote education for all judges in courts hearing guardianship cases, with special attention to the educational needs of general jurisdiction judges.

- **Senior-friendly roads and other measures designed to keep older drivers on the road, safely.**

1. Promote older driver safety to enable independence as late in life as possible including referral, assessment, rehabilitative, and regulation programs, to enable functionally limited older adults to drive safely as late in life as possible.

2. Encourage government agencies and the private sector (insurance companies) to support education of families and health and mental health providers about how to assess and intervene with older drivers.

3. Research to determine the effect of physical decline on a seniors ability to drive, such as glare limits of older drivers.

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4. Increased susceptibility to injury/death among older drivers underscores need for primary prevention efforts.

5. Reduced effectiveness of air bags for older drivers suggests the need for restraint systems tailored towards aging population.

6. Increase highway and transit funding to promote roadway countermeasures to help senior driving, including: highway signs, lighting, delineation, intersection signal clearance, left turn signal timing, left turn offsets, transit schedule reliability, transit accessibility, reconstructed highway interchanges, longer and better acceleration lanes, and lighted street signs with legible fonts and realistic size. To reduce rear end collisions, standards for signage colors and their contrast, lighting, font size, sign positioning, and visibility in all weather situations, should be restudied.

7. Develop a data-based template for state motor vehicle bureaus to employ in evaluating visual standards and overall licensing fitness for drivers of all ages. Restricted Licensure Standards should also be considered by those states which do not now have them.

8. Work to solve the litigation worries that delay automobile industry implementation of high technology developments (such as TV enhanced blind spot elimination systems, drive by wire systems, etc) which might well help solve the visual problems of ALL drivers.

9. Promote vehicle countermeasures to help senior driving, including better dashboard design, enhanced seat belt design, more “pedestrian friendly” vehicle exteriors, and require that automatic self-leveling high intensity lighting systems be phased into American automobiles and that both pre- and post- production systems be periodically inspected and adjusted.

10. Ensure that states provide immunity to doctors and other health professionals who report potentially unsafe drivers.

11. Create a program of early detection and rehabilitation for age-related cognitive decline. Such a program would help to sustain independent safe mobility in older adults with associated benefits to quality of life.

12. Provide incentives for state and local governments to incorporate proven “senior-friendly” road design into road building efforts, including safer intersections, clearer signage and pavement markings, brighter lighting

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13. Support a system for screening, assessment, and rehabilitation of drivers based on their functional abilities with the goal of maintaining driving as long as safely possible

14. Create and staff a Senior Mobility Office within the Office of the U.S. Secretary of Transportation to lead a coordinating council of related federal agencies to coordinate transportation policies and programs for seniors, including driving and other transportation options.

15. Encourage car manufacturers to develop vehicle designs that accommodate older driver's needs for safe driving.

16. Examine trends in driving accidents among the elderly to determine factors that can be altered for safer driving.

Housing affordability and availability.

1. Increase the availability of housing options for older adults and persons with disabilities.

2. Support an increase in private-public partnerships to increase functional housing in urban and rural communities across the region.

3. Provide public information on the current housing system and how to navigate through it.

4. Advocate for developer/CBO partnerships for inner city elders.

5. Provide funding for subsidized housing units and lift the moratorium on Section 8.

6. Reduce restrictive housing and encourage innovative and affordable multigenerational housing.

7. Convert closed military bases and empty houses into senior housing complexes.

8. Encourage changes in housing design and community planning to reflect limitations in eyesight and mobility in senior individuals.

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9. Create a national initiative to spur the involvement of counties, cities, housing authorities, workforce development boards, public transportation authorities, regional planning entities, and private developers to help communities prepare for the growing number of older adults who are "aging in place" while creating livable neighborhoods for people of all ages.

10. Develop long-term strategies to ensure adequate federal, state and local resources are directed to building and renovating housing for older Americans.

11. Forge partnerships between the for-profit (private) and not-for-profit sectors with programs like the ALCP program, which provides grants to non-profit providers of project serving seniors who are receiving federal HUD federal assistance.

12. Regulatory policies should be structured in a manner that will evolve with the changing needs of seniors and eliminate zoning barriers that prohibit non-traditional housing arrangements. Additionally regulations governing the Assisted Living Conversion Program (ALCP) should be to better facilitate its use by housing sponsors.

13. Outline the parameters for HUD, Rural Housing Service, and State Housing Finance Agencies to revise their regulations that will permit or encourage 202s and other affordable senior housing projects to use additional service space in seniors rental housing, sufficient to allow some assisted living service delivery, as appropriate.

14. Find ways to address the isolation and substandard housing older Americans living in rural areas experience through greater funding for senior housing in rural areas and greater support for Section 504 for rural home repair and modification.

15. There needs to be a variety of housing types serving persons of moderate and middle incomes ranging from single family communities and service enriched senior facilities to continuing care retirement communities.

16. Provide affordable housing options for grandparents raising grandchildren.

17. Recommend the development of affordable assisted living facilities to enable older persons to age in place in the least restrictive setting with appropriate supportive services.

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18. Standardize application process, with better distribution of housing units.

19. Undertake an initiative to "segregate" within public buildings (allowing seniors to live on separate floors or in a different part of the building) if the Act prohibits separation because of age. This has been done successfully in other public housing buildings outside of Maryland.

20. Implementing housing policies that would protect vulnerable populations including the elderly. This must include establishing minimum housing standards for poor and moderate-income communities, increasing rental assistance programs, building additional units for the elderly within their neighborhoods, and piloting alternative housing strategies to meeting the needs of the elderly, the poor, and families of modest income.

21. Advocate the implementation of federal programs to renovate or modify private rental housing units and homes to accommodate elderly needs. In addition, continue support for utilities and repairs to low-income elderly home owners on fixed incomes.

22. Implement educational programs on the federal, state, and local levels targeted to educating the elderly on their housing rights and to provide the necessary legal services on housing issues for different language communities and immigrants, thereby preventing homelessness.

23. Preserve existing stock of Section 202 housing units.

24. Support the conversion of public housing for older adults into supportive housing, and increase the number of service coordinators provided in housing facilities.

25. Identify and/or initiate funding resources for small group housing for seniors (10 or less), assisted care living facilities (ACLFs), continuing care retirement centers, (CCRCs), and mature senior neighborhoods; and adequate law enforcement targeted at moderate and low-income seniors in rural areas.

26. Establish a National Housing Trust Fund to serve as a source of revenue for the production of new housing and the preservation or rehabilitation of existing housing that is affordable for lower income older adults.

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27. Affordable housing for retirees to include long-term living accommodations with needed services and accommodations.

28. Development of alternative housing (assisted living, group homes, shared living) with ADA compliance.

29. Housing in more accessible areas for services.

30. Integrate housing and health funding.

31. Preserve the Section 8 rental housing assistance programs from being block granted.

32. Create a national initiative to spur the involvement of counties, cities, housing authorities, workforce development boards, public transportation authorities, regional planners, and private developers to help communities prepare for the growing number of seniors who are aging in pace while creating livable neighborhoods for people of all ages.

33. Increase the availability of housing options for seniors and persons with disabilities. Lift the moratorium on Section 8 housing.

34. Encourage changes in housing design and community planning to reflect limitations in eyesight and mobility in senior individuals.

35. Develop long-term strategies to ensure federal, state and local resources are directed to building and renovating housing for older Americans.

36. Expand successful senior housing production, rental assistance programs, supportive housing models, assisted living facilities and innovative and affordable multigenerational housing.

37. Implement educational programs on the federal, state, and local levels to educate the elderly on their housing rights and provide necessary legal services on housing issues for diverse language groups, thereby preventing homelessness.

38. Increase the availability of housing options for seniors and persons with disabilities. Lift the moratorium on Section 8 housing. Develop public-private partnerships to increase functional housing in urban and rural communities.

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39. Increase the use of reverse mortgages to finance long term care at home by engaging older homeowners and their families through education and incentives, and support the development of a comprehensive plan to create incentives such as public-private partnerships for reverse mortgages.

40. Forge partnerships between private non-profit and for-profit sectors with programs like the Assisted Living Conversion Program that provides grants to non-profit providers of project serving seniors who are receiving federal HUD assistance.

41. Modify HUD, Rural Housing Service, and State Housing Financing Agencies regulations to permit 202s and other affordable senior housing projects to use additional service space in senior rental housing.

42. Promote utilization of Section 504 for rural home repair and modification.

Alternative modes of transportation.

1. Support programs that remove barriers to older American's use of private means to assist them when they can no longer drive, such as a once-in-a-lifetime tax deduction when they sell their automobile; protect volunteer drivers from unreasonable increases in their automobile insurance rates; and tax incentives to develop a transportation fund.

2. Encourage DOT and DHHS to work together to develop one-stop information sites to provide older people and their caregivers with what they need to be safe older drivers, walkers, and users of different forms of transportation.

3. Support programs that remove barriers to older American's use of private means to assist them when they can no longer drive.

4. Promote community-based volunteer transportation options to supplement para-transit and public transportation particularly in suburban and rural areas.

5. Increase investment in conventional service as well as specialized transit, and improve transit services in targeted areas of high growth residence areas for retirees, and rural areas.

6. Contract with local taxi services to allow seniors to purchase coupon books at reduced rate for transportation to doctor appointments, shopping, etc …

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Government could subsidize the coupons to offset revenue loss by taxi services.

7. Create an innovative program where individual providers (paid or volunteer) are prescreened and placed in a pool to be available to riders who are also prescreened.

8. Expand alternative modes of transportation through providing special grants to faith-based and non-profits to coordinate and share transportation resources and expanding the Share-a-ride program.

9. Coordinate transportation dollars between agencies, i.e., schools, state transportation departments, senior service agencies, etc.

10. Increase the types of available transportation; increase parking options for seniors; make more traffic infrastructure enhancements (such as bigger print on highway signs and better roadway lighting) and a truly accessible public transit system.

11. Enhance and support the protection of volunteers' liability coverage when volunteering to drive seniors.

12. Support legislation that creates an exemption from the fuel tax for non-profit agencies providing transportation for older persons, and provide funding to pay volunteers mileage for use of their personal vehicle when transporting older individuals.

13. Control costs and increase efficiency in the provision of transportation and partner with organizations that offer transportation at affordable costs.

14. Recommend that federal, state, and municipal policies and programs finance four major categories for accessible and usable transportation: improved conventional service; increased safety and security; accessible communication and information for individuals with sensory loss; and additional services targeted to older individuals with disabilities including vision and hearing loss.

15. Utilize smaller vehicles rather than busses to provide the transportation service.

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16. Mandatory funding of transportation should be included in the OAA to assure that transportation is available on a consistent basis throughout planning and service areas.

17. Advocate for budget increases for Senior transportation to enhance attendance of meal sites.

18. Maximize old/old persons ability to get out of their homes to the location of their choice.

19. Create targeted state and local safe mobility action plans by forming state and local consortia to address senior transportation needs, and encourage state and local communities to develop and implement action plans.

20. Provide better public information by educating older people and their influencers on how to extend safe walking, driving, and use of transit train transportation, health and social service personnel to promote safe senior mobility.

21. Increase funding for rural transportation initiatives, re-purpose inactive and under-utilized state vehicles and establish non-profit insurance pool for faith-based non-profits to cover sharing vehicles, using volunteers, etc.

22. Establish a unified senior transportation funding and decision making entity (such as the AAA's).

23. Tap into existing service providers in NORCs (Naturally Occurring Retirement Communities.

24. Medicare beneficiaries get information about transportation opportunities when they become eligible for Medicare and get initial information.

25. Federal legislation that will provide liability coverage to providers of transportation for older persons and their volunteer drivers and volunteer escorts.

26. Plan communities with sidewalks, parking and more locally based resources to reduce the need for transportation. Encourage businesses to provide delivery services.

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27. Provide more and better information about available transportation services and how to access them. Include travel training for new users of transportation services.

28. Need to offer transportation infrastructure and service incentives for rural areas.

29. Road infrastructure and automobile design should be "elder friendly."

30. Encourage private transportation companies to provide services to seniors.

31. Create model state legislation, based on existing Maine law, that protects volunteers who use their own cars to drive seniors from unreasonable increases in their automobile insurance rates

32. Create policies that allow seniors and their adult children to plan for mobility needs by funding transportation accounts with pre-tax dollars

33. Create a once-in-a-lifetime tax credit for seniors who use the equity in their automobiles to pay for their own transportation when they can no longer drive

34. Create targeted state and local mobility action plans by forming action teams to address senior public transportation needs.

35. Provide better, easier to use public transportation systems by identifying best practices, improving coordination of local services, and identifying ways to improve intercity transportation.

36. Support the creation of a national, non-profit transportation service for America's aging population so that one day, all seniors will have a ride when they need it.

37. Support policies and programs that provide incentives and remove barriers to older American's use of private means to assist them when they can no longer drive.

38. Promote sustainable, community-based volunteer transportation options to supplement Para transit and public transportation, particularly in suburban and rural areas.

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39. Support programs that assure effective and efficient use of public transportation resources to promote safe senior mobility and independence.

40. Educate the public about safe walking, safe driving and the use of public transportation designated for senior mobility.

41. Educate public transit authorities about the needs and concerns of older Americans.

42. Promote sustainable, community-based volunteer transportation options to supplement para-transit and public transportation, particularly in suburban and rural areas.

43. Support programs that assure effective and efficient use of public transportation resources to promote safe senior mobility and independence.

44. Educate public transit authorities about the needs and concerns of older Americans and educate the public about safe walking, safe driving and the use of public transportation designated for senior mobility.

45. Maintain and enhance the federal-state-local financial commitment to public transit and para-transit facilities and services that offer practical, effective and efficient transportation options to maintain the mobility, independence and active life styles of seniors who no longer wish or are able to drive.

46. Promote community-based volunteer transportation options, to supplement para-transit and public transportation, through education and the establishment of private financial incentives (such as tax credits and pre-tax payments) and elimination of financial and legal barriers to both volunteers and users of such programs.

47. Provide better, easier to use public transportation systems by identifying best practices, improving coordination of local services, and identifying ways to improve intercity transportation.

48. Establish, staff, and fund a Senior Mobility Office within the Office of the U.S. Secretary of Transportation to ensure that the mobility needs of senior citizens are taken into account in the development of relevant federal policies and programs. Among other responsibilities, the Senior Mobility Office should lead a coordinating council comprised of representatives of each of the modal transportation agencies to ensure that federal policies and programs

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related to senior mobility are comprehensive in scope and application. This Office should study, monitor and support all practical transportation options to meet the mobility and active lifestyle requirements of an aging America.

49. Ensure that Older Americans have a Wide Range of Realistic and Practical Transportation Options that Enable them To Retain Mobility and Independence, Especially After They Are No Longer Able To Safely Drive.

50. Promote examinations of mass transit designs to identify where there are gaps in access according to different levels of restricted mobility.

51. Examine the affordability of using mass transit across the distribution of seniors in regional designs of mass transit.

52. Establish standards for future mass transit designs to accommodate seniors with disabilities.

Expanded use of public transportation.

1. DOT should increase investment in public transportation systems including increase funding under Title III-B Supportive Services provision of the Older Americans Act and continue improvements in transportation coordination that are currently underway with United We Ride (FTA).

2. Develop a public education campaign for public transit authorities which addresses the needs and concerns of older individuals who, because of age or onset of, disability may not regard even currently available transportation alternatives as safe, convenient, or reliable.

3. Target campaign materials to organizations that currently supply retirement planning information such as corporate, union, and employee retirement assistance programs and encourage dissemination of information that will help persons planning to retire to analyze their projected transportation needs and the community potential for providing public transportation alternatives to meet these needs.

4. Explore new funding formulas within existing or new authorities that might base allocations on the numbers of older individuals within census areas.

5. Develop public transportation programs with affordable fares.

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6. Emphasize mobility options that allow safe driving as long as possible and establish alternative mobility options both in the home and community.

7. Provide increased funding for rural transit and support coordinated transportation services in rural areas, allowing them to waive administrative rules and procedures that can be shown to stand in the way of cost-effective transportation solutions.

8. Support regulations that promote grouping many municipalities into regional service areas.

9. Enable Medicare to pay for more than just emergency medical transportation. For example, Medicare will now only pay for the ambulance ride to the hospital if you have a heart attack.

10. Support methods for communities to integrate electric vehicles like golf carts into their mobility mix.

11. Increase funding for current providers and for expanding voucher programs.

12. Make it illegal for insurance companies to raise a driver's insurance rate if they are providing voluntary transportation.

13. Provide better, easier-to-use public transportation systems by developing public transit best practices, increasing the number of mobility managers, demonstrating innovative transit programs, improving coordination of transportation services, and making transit and intercity transportation easier to use.

14. Provide transportation for existing housing complexes.

15. Support and enhance research and data collection relevant to the community mobility of older persons.

16. Create a national non-profit transportation service for the aging population so that one day, all older Americans will have a ride when they need it.

17. Support a media campaign to improve the image of public transportation system and promote field trips on the bus to acquaint the seniors with the public transportation system.

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18. Use information system technology to coordinate public and private transportation for seniors.

19. Develop a public education campaign for public transit authorities who address the needs and concerns of seniors who, because of age or onset of disability may not regard even currently available transportation alternatives as safe, convenient or reliable.

20. Provide improved, easier-to-use public transportation systems by identifying public transit best practices, improving coordination of local services, and identifying ways to improve intercity transportation.

21. Enhance public education for older Americans on how to extend safe walking, driving, and use of transit train transportation to promote safe senior mobility and independence. Provide materials to organizations that supply retirement planning information and encourage dissemination of information to help people plan projected transportation needs and community potential for providing alternatives to meet the needs.

22. Create targeted state and local safe mobility action plans by forming action teams to address senior public transportation needs.

23. Coordinate publicly funded transportation services to increase availability and efficiency, including opportunities for community-based groups to provide volunteer drivers.

24. Encourage state and local transportation departments to implement the Federal Highway Administrations' design guidelines for older drivers and pedestrians.

25. Encourage research and programs to increase older driver safety and roadway improvements such as signage and pavement markings, which increase the safety of older drivers.

26. Intensify efforts to improve coordination of transportation services among human services agencies and between agencies and transportation agencies at the federal, state and local levels.

27. Encourage incorporation of mobility needs of older Americans into the planning of transportation projects, services, and streets, and coordinate these efforts with land use planning.

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28. Support programs that remove barriers to older American's use of private means to assist them when they can no longer drive.

29. Promote community-based volunteer transportation options to supplement para-transit and public transportation particularly in suburban and rural areas.

30. Encourage DOT and DHHS to collaborate in the development of one-stop information sites to provide seniors and their caregivers with what they need to be safe drivers, walkers, and users of various forms of transportation.

31. Promote innovations such as transit villages, where housing and businesses are clustered near public transportation.

Learning about and making use of best practices (U.S., international).

1. Identify best practice and evidence-based programs and find new approaches to encourage their use among older adults and continue current work to evaluate, disseminate, and help programs implement best practices. *Example:* Existing model programs and best practices on how older adults can actively participate in the arts and lifelong learning.

2. Introduce geriatric course work for all students that includes promotion of evidence based and emerging best practices and establish a national clearinghouse of model programs and best practices.

3. Federal and state governments should study programs that are effective in other cultures.

4. The Federal government needs to continue funding rural demonstration projects that focus on best practices in service delivery to rural seniors. A recent national study by the National Council on Aging documents several specific projects of best practice models and lessons to be learned from them.

5. Congress should authorize CMS, HRSA, ASPE, AHRQ, DVA, and other federal agencies to administer region-wide demonstration of optimal service planning and care delivery for the advanced chronic illness population.

6. Provide funding for the creation of local collaborative efforts, which bring together key stakeholders from the public and private sectors, older adults, educational institutions, and others to identify the needs of aging persons and plan creative responses to meet those needs.

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IV. Health and Long Term Living

A. Access to Affordable, High Quality Services

Development of a comprehensive, coordinated long term care strategy across the continuum of care, including benefits, living wills, end-of-life care, and health measures (in conjunction with Planning Along the Lifespan long term care issue).

1. Minimize fragmentation and foster integration of long term services which are appropriate and timely to avoid and reduce duplications of services, thus extending resources and services.

2. Foster coordinated care programs which help navigate the care recipient across the continuum.

3. Encourage innovative community partnerships and collaborations that increase access to home and community-based services.

4. Streamline program regulations by eliminating cumbersome and multiple layers of oversight.

5. Strengthen the Older Americans Act (OAA) and the Aging Network to pilot new initiatives and to support facilitation of direct services for in-home community based services which promote independent living.

6. Initiate federal, state and local pilot programs that demonstrate reduced costs, enhanced quality, and enriched lifestyles inherent in community care.

7. Provide affordable medications.

8. Continue adequate funding for existing federal program such as the Older Americans Act, and Medicaid /Medicare to provide care in home and based settings, and institutional care where appropriate.

9. Implement a system among public and private providers of services to routinely inquire about a person's military service history to facilitate access and coordination of VA, state, local and community, and private sector services and benefits.

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10. Modify benefit and service application, medical record, and other forms to include a veteran identifier and questions regarding a patient's military service. A standardized set of questions about veteran status should be developed for doctors, hospitals, nursing homes and other healthcare delivery systems to expedite access and service delivery.

11. Provide and continually update packages of educational materials for public and private sector providers on VA and State veteran programs that can be incorporated into on-going in-service training programs.

12. Emphasize and improve policy for: 1) promoting aging in independent living environments, when appropriate, 2) environments that support family caregivers, and 3) an adequate workforce.

13. Expand options for people who need long-term care services, including psychosocial and other services, which allow individuals to remain integrated in the community rather than in institutional settings, and by recognizing the need for consumer direction in choosing services.

14. Broaden and strengthen the role of State Units on Aging, Area Agencies on Aging, and Title VI Native American Agencies.

15. Form a congressional or presidential commission to address the nation's long-term care needs and to formulate steps to reform the long-term care financing system.

16. Establish a new agency within HHS to focus solely on long-term care.

17. Pilot and promote long term care programs that are linguistically appropriate and culturally sensitive to populations most in need of service. Ensure continuum of care with programs that meet the needs of clients as their ability to function diminishes.

18. Require that medical record and insurance forms in all settings include a standardized set of questions regarding a patient's military service.

19. Disseminate assessment and communication tools with background information and instruction on coordination of care with VA programs for those identified as veterans.

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20. Develop a mechanism and provide the necessary resources to ensure that veterans' electronic medical records are accessible across all care settings and geographic locations for both the veteran and the authorized health care personnel.

21. Ensure that veterans, providers, and the public understand the value and use of electronic medical records and ensure that each patient's confidentiality is appropriately protected.

22. Request the Government Accountability Office (GAO) to conduct a study on the use of electronic records for improving quality of care and saving resources among the veteran population.

23. Make universal points of access for medical and social services available in every community so that individuals can receive unbiased information/referral/assessment.

24. Ask the federally funded Senior Health Insurance Program (SHIP) to provide mandatory information counseling for all individuals entering the Medicare program.

25. Retain protections for access to health and long-term care services for <u>all</u> eligible low-income seniors and persons with disabilities, and guarantee consumer and spousal impoverishment protections.

26. Eliminate the prohibition in the Medicare Modernization Act of 2004 against Medicare's ability to negotiate discounts on prescription drugs.

27. Allocate adequate resources to meet the demand for quality information regarding the Medicare Part D prescription drug benefit and encourage one-on-one assistance through the Area Agencies on Aging and State Health Insurance Counseling Program (SHIPs).

28. Update Medicare to provide parity for mental health services.

29. Convene a meeting of scientists, government representatives, healthcare professionals, older adults, consumer groups, and physical activity program providers to interpret and frame information related to seeing a physician or other health care professional.

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30. Create a task force to study medical liability litigation and determine what strategies may be employed to minimize legal concerns among providers who encourage older adults to be more active.

31. Make recommendations about surveillance of activity-related injuries to be used to develop activity plans and risk management tools for physicians, activity providers, and the older American.

32. Educate legislators about the aging process and realities of caring for an older person.

33. Require states to pay for dental care as a required service if they want to receive federal funding for their Medicaid programs.

34. Develop incentives for model programs that foster collaboration between dental schools and local communities.

35. Expand survey questions in the next Census to obtain greater demographic data for research, planning, and funding for seniors.

36. Require an annual Congressional report on progress toward the development of a reliable, sustainable, longitudinal care system for the senior population.

37. Ask Congress to initiate debate among the public, senior patients, their family caregivers, and policy-makers on a national agenda for end of life care.

38. Provide Medicare coverage for non-emergency medical transportation for medically-necessary treatment.

39. Fund nutrition and nutrition-related services and education through Medicare and private insurance programs as a core element of long-term care.

40. Provide incentives that encourage the private sector to contribute food and other necessary goods to community-based nutrition and social service programs.

41. Develop an Aging and Disability Resource Center as a “one-stop-shop” which streams and coordinates confusing and contradictory criteria for access to special needs programs.

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42. Work with social service agencies, libraries, adult education and local literacy programs to ensure that public health messages and community outreach vehicles use simple, clear, plain language.

43. Require all third party payors (Medicare, Medicare + Choice, VA, DOD, Tricare, etc) to provide health information in simple, clear language, field tested by consumers with limited literacy and limited English proficiency.

44. Ask Congress to establish a public-private expert panel to develop a uniform format standardizing all U.S. prescription drug labels.

45. Encourage passage of the Geriatric and Chronic Care Management Act.

46. Use lottery dollars to fund programs for older adults.

47. Provide tax incentives for private companies donating funds to assist with caregiver services.

48. Adopt Age-Related Lighting Standards into the Americans with Disabilities Act.

49. Adopt existing Age-Related Lighting Standards published by the IESNA for Federally Funded Projects.

50. Provide federal funding to organize multi-lingual, multi-ethnic local coalitions to address interpretation issues affecting LEP older adults

51. Add language to the Older Americans Act highlighting LEP older adults as among those with "the greatest economic and social need."

52. Revise the Older Americans Act to include emphasis on civic engagement, a new National Center for Senior Benefits Outreach and Enrollment, a strengthened role for multipurpose senior centers, a strengthened and enlarged program of evidence-based health promotion and disease prevention and steps to promote long-term care choice and independence.

53. Increase funding for programs of the Older Americans Act 10% per year over the next decade.

54. Create a federal funding stream to fund quality of life programs for older people.

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55. Consider non-judicial means of resolving actual and potential problems and adopt legal reforms aimed at enhancing the law's therapeutic impact on its intended beneficiaries.

56. Update Medicare to include full coverage of hospice and palliative care.

57. Enact the Positive Aging Act.

58. Include sexual identity and gender identification in non-discrimination requirements for senior services.

59. Include ethnic and minority organizations at the national policy-making tables when setting service needs and funding requirements for the coming years.

60. Include domestic partners in policy discussions on long-term care regarding the expansion of survivor and retirement beneficiary definitions in mutually-earned retirement benefit discussions.

61. Increase funding for an aggressive outreach and education program to inform seniors about the latest developments of entitlements and benefits.

62. Create incentives to develop mobile services for adult day care and health care services.

63. Include support services for LGBT elders in assisted living, supportive living and nursing home facilities to deal with frontline worker and family conflict issues.

64. Require that CMS pay current aggregate payment levels only for comprehensive medical services following patients across settings and time, with uncoordinated, fragmented care receiving discounted reimbursement.

65. Require CMS to set risk adjustment rates for providers that reflect the real costs of providing comprehensive, coordinated, longitudinal chronic care, allowing flexibility in the configuration of the services delivered.

66. Require that providers participating in the Medicare and Medicaid programs follow certain mandatory critical standards for care of the chronically ill, including advance care planning, mobilization of most routine services,

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adherence to evidence-based standards, and rapid response for urgent situations at home, and telephone access to appropriate clinical help.

67. Provide culturally sensitive care in all areas of the US, not just urban centers.

68. Ensure that Medicaid cover the costs of both medical and social model adult day care service programs.

69. Make screening for mental illness part of a health care visit.

70. Reduce racial and ethnic health disparities and strive for 100 percent access to health and social services.

71. Earmark Medicaid funds to adequately fund interpretation and translation services.

72. Oppose efforts to block grant, cap spending, or weaken the entitlement under the Medicaid program.

73. Federalize the Medicare Savings Programs (MSPs) and eliminate asset eligibility requirements.

74. Promote non-partisan discussion on how Medicare/Medicaid "solvency" should be defined.

75. Meet the needs of the growing Medicare population without shifting costs to beneficiaries or increasing age of eligibility.

76. Provide education via public education campaign on such issues as advance care plans, advance directives, power of attorney, palliative care, hospice programs, etc …

77. Consider expanding the eligibility criteria for end of life care.

78. Support educational programs through HHS which train professionals who provide palliative care at end of life.

79. Support and conduct more research on palliative care and end of life.

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80. Encourage the creation of programs which support caregivers caring for loved one near end of life.

81. Make legal documents (such as Living Wills, Power of Attorney, and Do Not Resuscitate orders) simpler and easier to understand.

82. Educate legislators on end-of-life issues.

83. Extend the hospice benefit period in Medicare.

84. Establish a national registry for advanced directives to include medical and durable powers of attorney.

85. Insure that providers of service receive mandatory cross-cultural training when working with people at the end of life.

86. Increase funding for palliative and hospice care.

87. Develop new, user-friendly models of respite services , identify ways to increase utilization of respite services by caregivers. and increase respite funding.

88. Support developments of having long-term care insurers manage state's Medicaid long-term care population.

89. Support state-based demonstrations on innovative broad-based solutions, including Medicaid managed care programs to cover the entire continuum of health care services including acute care and long-term care

90. Promote the role of the informal family or friend caregiver.

91. Encourage training, counseling, respite, social support services and financial assistance to enable informal caregivers to provide caregiving in home-based settings

92. Require service provision that respects rights, preferences, and control of the clients over the delivery of services wherever possible and appropriate.

93. Provide a direct tax credit or deduction for family caregivers or families who pay for non-institutional long-term care services.

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94. Review and reform regulatory requirements that interfere with care giving time

95. Retain standards that permit access to care by not raising the age of eligibility and not basing eligibility on income.

96. Create federal tax incentives for long-term care, including direct above-the-line tax deductions form gross income, and tax credits for those saving for theirs or a family member's long-term needs.

97. Support the expansion of public-private long-term care partnerships that allow consumers to purchase long-term care insurance with the understanding that if their policy benefits are exhausted, the government will cover the costs of their continuing care without having them spend down their life savings into impoverishment.

98. Provide a direct tax credit or deduction for family caregivers or families who pay for non-institutional long-term care services.

99. Remove financial barriers, standardize processes, and education homeowners on using reverse mortgages in the financing of long-term care.

100. Encourage private-public collaboration on structure that is consistent with consumer preferences for home- and community-based services.

102. Provide adequate and appropriate targeting of safety net long-term care services with a focus on providing care in the least restrictive setting consistent with consumers' preference and health care needs.

103. Extend resources and services by developing a seamless integration of long term care services along the care continuum.

104. Promote innovative community partnerships and collaborations that increase access to home and community-based services and result in positive measurable outcomes for older Americans and their families.

105. Promote the expansion of long-term care service options that allow individuals to remain living in their homes and communities and recognize the need for increased consumer direction in choosing home and community based services.

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106. Encourage education through public campaigns on end-of-life issues including advance care plans, advance directives, power of attorney, palliative care, and hospice programs.

107. Encourage use of the preferred Long Term Care model, a community based service system integrated with existing senior programs that maintain and support seniors in their homes.

108. Promote the Older American's Act network as the nation's premier advocacy and service delivery system for older adults, providing comprehensive services in home and community based settings.

109. Promote the Caregiver Tax Credit proposal to establish a tax credit for family and informal caregivers for the costs of providing care, in the least restrictive setting possible, for individuals with long term care needs.

110. Develop culturally sensitive long term care insurance encompassing institutional care, home and community based services such as personal assistance services, adult day services, assisted living, mental health services, and respite care.

111. Designate a single agency or establish a new agency within Department of Health and Human Services to coordinate existing federal policy and programs as well as to develop new initiatives to comprehensively address long term care.

112. Encourage the establishment of a federal Long Term Care Financing Task Force to develop a more flexible approach to financing long term care, including public-private partnerships.

113. Encourage long-term care policies that promote maximum independence for older Americans and support their preferences and self-determination in decision making about services.

114. Combine and consolidate programs to enhance coordination of services and reduce duplication where needed.

Connecting evidence and comparative based research with delivery of care.

1. Support evidence based research and practices.

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2. Narrow the gap between existing evidence to current practice in community based services.

3. Foster innovative research funding sources – investment banking, venture capitalism, corporate and federal programs.

4. Focus on outcomes research for diseases that impact the elderly – dementia, heart disease, and mental health.

5. Have federal agencies collaborate (such as AoA and NIH (NIA)) to develop and promote evidence based disease preventions programs.

6. Promote older adult mental health and substance abuse services research, and coordinate and finance the movement of evidence-based and emerging best practices between research and service delivery.

7. Increase reimbursement to healthcare providers and institutions providing positive outcomes for patients.

8. Streamline and strengthen federal, state, and privately financed behavioral health services.

9. Increase consumer choice and access to services by expanding community-based service options.

10. Support funding for expanded multidisciplinary collaboration in elder research.

11. Develop standards to measure timely utilization and appropriate use of services near end of life in persons with dementia.

12. Encourage research studies funded by federal organizations to include plans for development and implementation of rapid translation of research evidence into geriatric mental and physical health care to ensure knowledge is rapidly incorporated into education programs and clinical care.

13. Identify and implement existing best evidence and research on integration of healthcare and social support services in home and community based service settings.

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14. Promote the modernization of home and community-based care programs that allow seniors to age in place so that they incorporate the latest evidence-based programming and best practices.

15. Provide effective training through federal and academic centers for healthcare professionals on the management of older Americans with mental health issues.

16. Identify best evidence-based practices and encourage their adoption among federal, state, and local health systems and social support programs for older Americans

17. Encourage federal agencies (such as AOA, NIA) to collaborate on development of outcomes research programs on interventions for diseases that affect the elderly (e.g. dementia, heart disease and mental health) and to promote evidence based disease prevention programs.

18. Encourage research studies funded by federal organizations to include plans for development and implementation of rapid translation of research evidence into geriatric mental and physical health care to ensure knowledge is rapidly incorporated into education programs and clinical care.

19. Identify evidence-based best practices and encourage their adoption among federal state and local health systems and social support programs for older Americans.

20. Conduct comparative analyses of reforms of public pension and health care systems in other aging countries to determine if there are lessons to be learned or applied to America's unique situation.

Align payment policies with the continuum of care.

1. Minimize fragmentation and foster integration of long term services which are appropriate and timely to avoid and reduce duplications of services, therefore extending resources and service.

2. Foster coordinated care programs which help navigate care across the continuum.

3. Reduce the variations in the assessments instruments utilized across different agencies and institutions.

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4. Decrease the discrepancies in funding and provide funding for services such as geriatric assessments and for metal health services.

5. Eliminate disparities in reimbursement between geriatric mental health, behavioral health, substance abuse practice, and other areas of mental health and health care practice.

6. Support and reimburse providers who build into the health service a reasonable time for patient interaction and counseling.

7. Implement more community education regarding the prescription drug component of Medicare through user-friendly written materials available in multiple languages, 24 hour multiple language lines, and contracting with local community organizations that work with specific ethnic groups.

8. Implement clear guidelines for appeals and make sure that there are adequate quality controls to prevent system abuse.

9. Change spending priorities to reduce the co-pay for the Medicare prescription plan.

B. Healthy Lifestyles, Prevention, and Disease Management.

Prevention: Education and lifestyle modifications.

1. Emphasize nutritional assessments in primary care settings.

2. Health care education should be interdisciplinary when there are programs focusing on a holistic approach to care.

3. Develop and promote clear, consistent message on disease prevention, exercise programs, and wellness.

4. Define good health – " WHO" definition – "Health is the state of complete physical, mental and social well-being and not merely the absences of disease or infirmity."

5. Promote healthy living at various places, including primary care settings and senior centers.

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6. Enhance funding for nutritional services including those with special needs and ethnic preferences.

7. Increase funding for Meals on Wheels and other AoA programs which provide direct education and care.

8. Develop a national unified emphasis on preventive education.

9. Provide incentives to insurance companies, and Medicare and Medicaid, to cover more preventive medicine, services and equipment such as nutrition, strength training, and exercise.

10. Have more pharmacists serving as consultants in role monitoring and identifying compliance and errors.

11. Strengthen aid for low-income seniors by increasing food stamp allotment for eligible elderly persons.

12. Step up efforts to enroll eligible minority communities in all available health benefits, programs and services. Simplify the enrollment process and consider phasing in services for the near-elderly.

13. Teach seniors to be smarter, more educated health consumers, by encouraging them to comparison shop for their medications among different pharmacies, and expand the use and distribution of Med-Check booklets (booklets for seniors to use to record their medications and other health issues).

14. Make the Emergency Food Assistance Program (TEFAP), which provides emergency food commodities to low-income seniors, available through every emergency feeding program seniors might use.

15. Support local producers including farmers markets, roadside stands, purchases by school systems and senior meal providers from local farmers and ranchers all contribute to a healthier economy and a vital agriculture.

16. Promote and integrate physical activity throughout the Aging Network so that all older adults and Aging Network providers are aware of the benefits of even moderate physical activity.

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17. Encourage evidence-based evaluation of current screening recommendations addressing the need (or lack thereof) for pre-activity screening among persons engaging in moderately intense activities.

18. Engage senior organizations to conduct focus group testing of physical activity information developed for mature adults.

19. Encourage medical associations, federal agencies, and the aging network to collaboratively develop a statement that encourages older Americans to enjoy regular, safe physical activity.

20. Fund a system to track exercise-related adverse events and injuries that might go unreported and/or mandate that such information be gathered via national surveys.

21. Strengthen all nutrition programs in the Older Americans Act and in other current laws, and conduct an evidence-based study of the cost effectiveness of OAA nutrition programs.

22. Integrate food and nutrition services in Medicaid home and community services programs.

23. Increase education and training programs for older populations regarding the importance of oral and dental hygiene and promote incentives for dentists to treat older adults.

24. Continue reimbursements for preventive health care, better care coordination, more effective resource utilization, effective cost control strategies, and initiating health promotion and chronic care management strategies.

25. Develop services and systems promoting wellness and socialization across the life-span with a non-fragmented, comprehensive approach.

26. Educate physicians to take a more active role in prescribing physical activity for their older adult patients.

27. Cover a broader range of preventive benefits under Medicare, including falls prevention and routine eye care. Eliminate deductibles and co-payments for preventive benefits.

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28. Create a national center for evidence-based prevention to ensure that high quality, tested programs are widely available and that their impact on diverse populations is being routinely assessed.

29. Encourage collaboration among private, public and non-profit sectors to develop programs and partnerships for evaluating the effectiveness of existing healthy lifestyle programs such as the Older Americans Act Nutrition Program.

30. Increase emphasis on nutritional assessments in primary care settings.

31. Develop a national education campaign that promotes clear, consistent and identifiable message on disease prevention, exercise programs, and wellness, including the crucial role of good nutrition.

32. Encourage the continued development and outcome assessment of Nutrition and Physical Education Activity Resource Centers.

33. Promote more effective training for medical professionals to provide proper self-care and disease management information, instruction, and counseling for seniors and their family members before discharge from hospitals.

34. Encourage community partnerships between public, private and non-profit organizations and providers to launch campaigns aimed at disease prevention physical fitness or healthy nutrition among the senior population.

35. Encourage disease prevention including education and promotion of physical activity.

36. Promote health insurance incentives for physically active seniors.

37. Promote support of activities that increase cognitive function.

38. Enhance and expand national physical activity programs like the National Senior Olympics.

39. Increase physical activity among older adults to facilitate adaptation to conditions of aging

40. Encourage collaboration among private, public, and non-profit sectors to develop programs and partnerships for evaluating the effectiveness of existing

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healthy lifestyle programs such as the Older Americans Act Nutrition Program.

41. Develop a national education campaign that promotes a clear, consistent, and identifiable message on disease prevention, exercise programs, and wellness, including the crucial role of good nutrition.

42. Promote innovative community partnerships and collaborations that recognize the relationship of sensory capabilities to quality of life issues among older Americans.

43. Support efforts to prevent sensory health limitations in older Americans among consumers and providers.

44. Support national campaigns promoting awareness of sensory health and its importance to aging well and living independently.

45. Raise awareness of senior sensory health issues among legislators and public officials at all levels of government.

Disease management programs.

1. Reform Medicare to encourage disease preventions and chronic care disease management via management teams which could prevent further increase in out of pocket costs.

2. Provide chronic care disease management via management teams that follow patients from diagnosis to end of life: These teams would include a physician, pharmacist, nurse and social worker and would coordinate and provide support, education, and access to medications, food, home visit, transportation.

3. All Medicaid and Medicare recipients should have a social worker or a case manager that continues to follow them despite changes in function or conditions and or living environment as well.

4. Have care managements teams involved in the care early.

5. Have information and education regarding the management of chronic disease available from early in the course of the disease.

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6. Enhance quality of life through improved services such as pain management and end of life care, including hospice and palliative care for older adults and persons with disabilities in both community and institutional settings.

7. Require medical students to pass through a palliative care residency.

8. Promote the idea of chronic care disease management, through interdisciplinary health care teams that follow patients from diagnosis to end of life.

9. Promote chronic care disease management programs, including self-directed care, within the healthcare and support services system.

10. Strengthen the programs by encouraging development and use of evidence-based disease management programs that ensure accessibility and affordability.

11. Require better evaluation of disease management programs' cost effectiveness.

12. Encourage CMS to adopt rigorous, valid and reliable measurement systems for clinical effectiveness, cost effectiveness and beneficiary satisfaction to enable comparison demonstration programs in the Chronic Care Improvement Initiative.

13. Identify and support chronic care programs that reduce health risks and provide savings through early interventions and prevention strategies.

14. Encourage and support private/public and non-profit collaborations to reduce preventable complications and avoidable health care costs.

Appropriate treatment and education on alcoholism and substance abuse, and mental health.

1. Support the integration of older adult mental health and substance abuse services into primary health care, long term care, and community-based service systems and increase screening of older adults for substance abuse and mental health problems.

2. Educate existing service providers about treating substance abuse and mental illness in seniors.

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3. Enhance access to an affordable and comprehensive range of quality mental health and substance abuse services including outreach, home and community based care, prevention, intervention, acute care, and long-term care.

4. Review coverage and reimbursement policy for mental health, physical health, and substance abuse disorders.

5. Overcome stigma associated with substance abuse by utilizing conversations with older persons that make links to specific medical conditions and substance abuse.

6. Undertake a national initiative aimed at addressing depression among the elderly.

7. Expand the use and distribution of Med-Check booklets – booklets for seniors to use to record their medications and other health issues. Promote these at senior centers and other outlets.

8. Provide services for alcoholism, substance abuse, depression, and medication management among older adults.

9. Ensure access to an affordable and comprehensive range of mental health and substance abuse services, including outreach, home and community-based care, prevention, and intervention.

10. Increase collaboration among aging, health, mental health, and substance abuse consumer organizations, advocacy groups, professional associations, academic institutions, research entities, and all relevant government agencies to promote more effective use of resources and to reduce fragmentation of services.

11. Make available evidence-based, emerging best practices, value-based mental health and substance abuse outreach, prevention, and treatment services for older adults, accessible, affordable, and provided by people trained and experienced working with older adults.

12. Recognize and address the mental health needs of seniors with specialized services in depression and loneliness, and grief and bereavement counseling (and logistical issues of transportation to cemeteries).

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13. Pass the *Positive Aging Act of 2005* which is designed to make mental health services for older adults an integral process of primary care services in all settings.

14. A new section should be added to the Title III of the OAA to specifically address the mental health needs of older adults.

15. Encourage the development of a national education campaign involving government, private, and non-profit sectors to reduce the social stigma associated with substance and alcohol abuse treatment among older Americans.

16. Encourage collaborative government, private, and non-profit outreach and screening efforts to increase coordinated provider treatment of alcohol and substance abuse among older Americans. Include a comprehensive range of services: outreach, home and community based care, prevention, intervention, acute care, and long term care.

17. Encourage training opportunities in the field of substance abuse and support the development of research on substance and alcohol abuse in the older American population.

18. Promote appropriate and early referrals for depression treatment.

19. Encourage the development of a national education campaign, involving the private, public and non-profit sectors, to increase awareness and reduce the social stigma associated with major depression treatment among older Americans.

20. Encourage outreach and education on mental disorders to enhance awareness among older adults, consumers, and providers and promote appropriate treatment.

21. Request from the appropriate federal agency a comprehensive summary of the research findings and research gaps pertaining to depression, within the context of other cognitive and behavioral problems experienced by seniors

22. Provide an understandable summary of depression treatment, research, and management on the Internet, which is specific to senior's experiences.

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23. Encourage private/public collaborative efforts to increase recognition, referral, and treatment of major depression among older Americans.

24. Promote enhanced screening programs and expansion of treatment resources for underserved areas.

25. Encourage the development of advanced screening programs for early referral to depression treatment.

26. Increase the workforce of qualified geriatric physicians and sufficiently trained mental health professionals.

27. Promote more effective training for medical professionals to provide proper information, instruction, and training for care by family members before discharge from hospitals.

28. Prevent depression by increasing opportunities for social engagement for seniors by providing friendly visiting and companionship through natural community support networks such as neighborhoods, colleges and universities, and religious institutions.

29. Promote more effective training for consumers and medical professionals to include suicide prevention, depression screening and behavioral health

30. Encourage Faith-Based solutions involving interfaith organizations that may be interested in providing opportunities for seniors to become more active in the community

31. Encourage outreach and increased awareness of improved activities and volunteer opportunities to seniors, including expanded roles for in senior centers.

32. Develop a national education campaign that promotes a clear, consistent, and identifiable message regarding the benefits of a healthy lifestyle on cognitive health.

33. Encourage aging adults through senior centers, care giving institutions, physicians' networks, and faith-based institutions to mobilize healthy activities to enhance and maintain cognitive functioning.

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34. Encourage collaboration among private, public, and non-profit sectors to develop programs that address the maintenance of cognitive functioning among older Americans.

Provider and consumer education about disease prevention and mental health.

1. Implement public education campaign on the mental health issues of older Americans.

2. Provide adequate training to health care professionals on the management of older Americans with mental health issues through federal and academic centers.

3. Develop measuring methods to ensure all health care professionals have minimum education on understanding and managing behavioral health issues in older Americans.

4. Promote wider communications about mental health issues with an emphasis on communication channels that reach minority and immigrant communities.

5. Require training of medical professionals to recognize and appropriately address mental and emotional needs of their minority elderly patients.

6. Identify new funding sources that could provide incentives and support for the development of new and creative approaches to early Alzheimer's care.

7. Promote educational efforts to inform the health care professionals about the importance of nutrition to health status and encourage them to educate patients about the availability of community-based nutrition and related services.

8. Train all health care staff (professional and administrative) in communication strategies including giving clear instructions and assessing patient understanding.

9. Support the creation of cultural competency training programs for all senior providers, settings, and services.

10. Support the Geriatric Mental Health Act recently passed in New York State.

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11. Educate professionals in the health care and social service fields about the mental health needs of seniors.

12. CMS targeted outreach should be tied to ABC Coalitions and other community-based efforts to coordinate services.

13. Work to eliminate the stigma associated with late-life mental illness through a national campaign and through requirements for research and health services agencies to implement plans to reduce stigma.

14. Identify chronic conditions early when progress and damage can be mitigated through seniors learning effective self-care, including diabetes, high blood pressure, Parkinson's and other neurological disorders, cognitive decline, depression, and other serious conditions.

15. Promote chronic disease prevention and management programs and educate the public on its benefits.

16. Provide health education through senior centers, public service announcements (e.g. TV and radio) and conferences/seminars regarding various chronic conditions.

17. Provide information to all persons, especially older adults, about brain health and brain awareness and the prevention and detection of dementia and memory loss.

18. Promote more effective training for medical professionals to provide proper self-care and disease management information, instruction, and counseling for seniors and their family members before discharge from hospitals.

19. Encourage public and private partnerships between Public Health Departments, the Aging Network, and healthcare providers to incorporate education into the Community Health Centers disease prevention and healthier lifestyle programming.

20. Encourage community partnerships between public, private, and non-profit organizations and providers to launch campaigns aimed at disease prevention, physical fitness, and healthy nutrition in the senior population.

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21. Promote public and private collaborations that provide effective provider education on consumer education across the healthcare continuum.

C. Delivery of Quality Care and Promotion of Maximum Independence for Individuals with Chronic Conditions.

Ensuring existence of a reliable, adequately trained, and culturally competent workforce.

1. Ensure that physicians are educated on the needs and techniques to promote healthy living, disease prevention and promoting independence.

2. Support appropriately trained home care workers as well as LTC facility workers by offering incentives for entering the field and continued learning.

3. Decrease the shortage of the geriatric and gerontological workforce by providing tax and loan forgiveness incentives.

4. Eliminate the disparities of the payment systems for health care workforce caring for the elderly by increasing reimbursements for the services provided.

5. Increase the minimum wage for basic health care workers.

6. Have incentives early at colleges and universities to encourage students to choose a career in Geriatrics or Gerontology.

7. Provide continuing education and counseling for the existing workforce on culturally competence.

8. Have the legislatures support existing programs which support the training of the Geriatric and Gerontology programs such as Title VII programs.

9. Implement tort reform so to foster more qualified workers.

10. Fortify the training to have more educational emphasize on prevention and screening to vision and hearing impairments.

11. Provide funding for rural areas to establish “career ladders” for individuals interested in providing in-home and community-based long-term care.

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12. Develop incentive programs to encourage individuals to choose in-home and community-based long-term care as a career.

13. Establish “State of the Art” instructional curriculum in physiology and physical therapy at universities and colleges.

14. Promote living wages for direct long term care workers as well as wage incentives for those who are linguistically/culturally competent or retrain to gain these competencies.

15. Encourage publishing companies to infuse aging content throughout social work education textbooks.

16. Encourage health professional boards and associations to offer incentives for healthcare providers who receive geriatric training.

17. Ask the Health Resources and Services Administration to develop a mechanism making clinician-educator training support available for all qualified geriatricians who want to pursue teaching careers.

18. Conduct a survey of LTC needs within Indian Country.

19. Reinstate the previous income calculation guidelines for the Department of Labor SCSEP program, thereby, opening up the program to increased participation of all eligible low-income AI Elders.

20. Provide all Tribal members with culturally relevant financial information including how to own their own home and how to receive earned income credits when raising their grandchildren.

21. Increase funding for Indian Health Service by 10% incrementally each year until reaching $15 billion to begin adequate provision of preventive, diagnostic and urgent care.

22. Continue to support new and existing primary physician training programs to reduce the costs of healthcare, decrease errors, increase quality, increase patient satisfaction, and decrease both morbidity and mortality.

23. Include a National Education and Training/Certification Program for Area Agencies on Aging and Title VI Native American agencies that would

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reinforce and broaden the capacity of Aging Network leaders to meet the needs of a diverse older population.

24. Establish national uniformity and coordination in health insurance rules so as to remove unnecessary complexity, costs, and confusion.

25. Restructure Medicare to reimburse physicians and other healthcare personnel for the costs of coordinated care regularly incurred in geriatric medicine, and realign the financial incentives for physicians entering geriatrics.

26. Encourage researchers to examine the role of medical complexity and chronicity on the continuity of care, including incentives to providers, provider satisfaction with work, patient participation in care, and second-party patient coaching.

27. Redesign policies to encourage the development and testing of private market solutions for coordinating care of patients with complex cases.

28. Promote tax incentives to employers who provide adult day care services at the workplace or who provide vouchers for adult day care services in the community during working hours.

29. Encourage the Caregiver Tax Credit proposal to establish a tax credit for family caregivers for the costs of providing care for individuals with long term care or chronic care needs.

30. Encourage government and private funders to support the development and use of culturally appropriate new measures of health literacy and multidisciplinary research on the extent and consequences of limited health literacy.

31. Encourage educators to incorporate health-related tasks, materials, and examples into lesson plans for healthcare providers.

32. Encourage professional schools and continuing education programs in the health fields to incorporate health literacy into their curricula and areas of competence.

33. Encourage healthcare systems to develop and support demonstration programs to establish effective approaches to reduce the negative effects of limited health literacy.

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34. Incorporate age-appropriate health knowledge and skills into the existing curricula of kindergarten through 12th grade classes, and into adult education and community programs.

35. Support private-public collaborative efforts to improve health literacy among public health, healthcare systems, the education systems, the media, and healthcare providers and consumers.

36. Promote private and public funding to organize multi-lingual, multi-ethnic local coalitions to address interpretation and other common issues affecting LEP older adults.

37. Earmark Medicaid funds to adequately fund interpretation and translation services.

38. Provide waivers of certification requirements for staffing and/or allow for development plans for employees working towards certification

39. Develop written materials about key community programs affecting LEP older adults in languages other than English, as well as in oral modes of dissemination (i.e. tapes, video).

40. Develop and disseminate key written materials, audios, and videotapes, particularly regarding medical and legal issues, in other languages.

41. Extend the citizenship time frame for older adults; change requirements to allow for flexibility in case of complications such as language ability and/or application processing

42. Develop a federal data base/language bank to help identify federal, state, and local interpretation services.

43. Develop a federal clearinghouse of common medical and legal documents translated into many languages.

44. Develop stronger monitoring programs and enforce legal consequences for non-compliance, e.g., loss of federal funding.

45. Partner with local organizations and provide adequate funding to conduct outreach, education, and advocacy. At a minimum, information about

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where/how to obtain translation services should be provided in languages of origin.

46. Ensure adequate funding for English language training and increase awareness of training programs among LEP older adults, including those who are citizens. Also, recognize that as with the general population, there are LEP older adults who are mentally and physically impaired, affecting their ability to comprehend the language.

47. Advance cross-government and cross-sector collaboration on policy that enhances the recruitment, training, retention, and advancement of a strong professional and paraprofessional geriatric workforce.

48. Provide incentives to attract gerontological and geriatric professional and paraprofessionals to the field.

49. Encourage continued cultural competency and diversity training for healthcare workers.

50. Support the recruitment and retention of an adequate number of health care professionals and direct care workers, and faculty to train the health care workforce to provide patient/person-centered, evidence-based, and interdisciplinary geriatric care and aging services.

51. Develop training and certification programs for interpreters and these health professionals should be recognized as an essential part of the health care team, and payment should be provided for their services.

52. Actively attract and retain gerontological and geriatric professional and para-professionals by providing incentives, expanded geriatric traineeships, and continuing education programs.

53. Encourage all levels of government and the private sector to work collaboratively to advance policy that enhances the recruitment, training, and retention of a strong professional and paraprofessional gerontological and geriatric workforce.

54. Conduct rigorous economic research on labor markets to develop baseline projections on the professional and paraprofessional geriatric workforce, in all care settings, over the next 20 years.

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55. Encourage the development of creative approaches in the delivery of care that can maximize the use of telehealth applications, consumer-directed care, self-management techniques and efficiencies in delivery systems such as one assessment across programs or electronic records.

56. The disparity of outcomes Maximize should drive the targeting of resources.

57. Increase the awareness of the benefits of culturally competent health care, thereby reducing the potential for misdiagnosis of clients and inappropriate treatment.

58. Increase awareness of the challenges facing minorities and low income populations.

59. Promote an understanding of racial and ethnic differences in response to drugs.

60. Encourage the integration of culturally-related health factors into the design of intervention programs.

61. Promote the provision of and improvement in quality prevention and care services.

62. Promote broader access to timely and disease-appropriate services.

63. Expand scientific research and data on interventions to address disparities and improve access to care.

64. Expand scientific research and data on interventions to address disparities and improve access to care.

65. Increase awareness of healthcare disparities among the general public and key stakeholders**.**

66. Increase awareness of the challenges facing minorities and low income populations.

67. Establish partnerships to mobilize the larger community and stakeholders

68. Assess the integration of cross-cultural education into training of current and future health and social services professionals.

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Providing Maximum Independence and Non-Institutional Care

1. Modify the wavier programs to be more inclusive to those needing long term services, thus allowing more services to be provided at home.

2. CMS should continue to fund technology and innovation which provides independence at home.

3. Foster innovation and existing assets to provide in-home technologies which passively and actively monitor those with chronic illness.

4. Develop a centralized emergency response service for critical services such as oxygen, medications and other services.

5. Make mental status exams for identified seniors both available and affordable.

6. Make community based care the preferred service model and fund community based care as an alternative to nursing homes, include in-home care, adult day care and help for families.

7. Expand capacity of existing community based services and combine programs to reduce overlapping of services and coordinate others.

8. Increase incentives for Medicare home visits.

9. Increase funding in order to expand the availibility of physical and occupational therapy for those who need it.

10. Provide maximum independence and non-institutional care for individuals with complex, chronic, disabling disease through increased education, better trained and culturally competent providers, increased funding for home modifications allowing seniors to age in place and increased training of and funding for direct care workers.

11. Promote true consumer choice by having the money follow the person regardless of what “system” the person is in.

12. Eliminate legislative and regulatory barriers to integrated care for beneficiaries with chronic illness.

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Ensuring appropriate care for seniors with disabilities.

1. For both persons who are aging with and into disability, expand options to participate in the economy and improve the overall standard of living of people aging with disabilities.

2. Develop the aging and disability network to become the primary focal point and/or single entry point for long-term care systems responsible for assessing needs, providing service-related information, making informed choices, and linking people to services.

3. Work toward the development of coalitions and the education of all stakeholders, and establish financial incentives to builders and housing professionals as well as regulations and legislation to make housing design more senior and disability friendly.

4. Develop an Aging and Disability Resource Center as a "one-stop-shop," and permanently authorize these centers under the Older Americans Act with language ensuring supports to adults with physical and developmental disabilities, as well as aging caregivers.

5. Support the inclusion of disability-specific educational curricula in formal training programs to ensure appropriate and timely referrals for specialized treatments.

6. Promote interdisciplinary communication and research on the health effects of aging with disability and the role of environmental and lifestyle factors on such effects.

7. Promote healthcare development that enables consumer-directed services in support of seniors aging with disabilities.

8. Support timely and coordinated health screenings and evaluations for preventing declines in function and reducing the risks of secondary conditions associated with disabilities.

9. Promote greater coordination of services and emphasize in-home and community based care over institutional care for functionally limiting disabilities.

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10. Make an annual public report on how federal programs affect the adaptation and self-determination of Americans with disabilities throughout their lifespan.

11. Ensure that all Federal institutions examine and modify their programs so as to protect and reinforce autonomy and self-determination in Americans with disabilities.

12. Institute a permanent commission responsible for examining how government programs affect Americans' ability to access information, make decisions, and self-direct their adaptation to changing functionality.

13. Promote private-public partnerships for examining the impact of aging with disabilities on employment and quality of life.

14. Establish and adopt comprehensive definitions and corresponding measurement standards on disability and aging.

15. Promote interdisciplinary research across relevant Federal agencies on the health effects of aging with disability and the role of environmental and lifestyle factors in promoting healthy long-term living.

16. Encourage a national positive messaging campaign to reduce the negative attitudes about disabilities and to build appreciation for individual choice and self-direction throughout the lifespan.

17. Promote home and community based long-term care and disability services that focus on consumer choice, control, autonomy and independence.

18. Encourage market-driven Federal procurement strategies beyond electronic and information technology (e.g. section 508 of the Rehabilitation Act) to promote increased availability and utilization of accessible, universally designed technologies that are effective in reducing other barriers to full participation in work and community life.

 Addressing the shortage of paid workers for elder care and services.

1. Treat caregivers as professionals, respect them, appreciate them, and pay them decent wages.

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2. Increase numbers of qualified service provides, particularly in rural areas, so an older person has more choices on service providers and increase the recognition of workers in home care programs.

3. Actively attract and retain gerontological social workers by providing federally sponsored financial incentives such as loan forgiveness, student stipends, competitive and equitable reimbursement for services, senior practitioner fellowships, and continuing education funding.

4. Encourage states to revise licensing and continuing education requirements so that geriatric mental health, behavioral health, and substance abuse training are required for all licensed health, mental health and social services professionals.

5. Encourage more geriatric practices in rural areas with tax incentives, student loan waivers, and pay enhancements (e.g. increasing reimbursements rates for Medicare/Medicaid).

6. Broaden the base of programs and flexibility of elder care workers on-site so one person can help with varied tasks.

7. Develop regional funds and programs to train and educated the elder care workforce and infuse gerontological course work on rotation for all students of mental and addictive disorders.

8. Address the shortage of direct care workers and professionals trained for geriatric care in all settings.

9. Institute stress training and development of Geriatric Specialty Teams.

10. Address on a national level the need for equitable pay for Direct Care Workers.

11. Congress and the Administration should establish a federal office to address professional and paraprofessional long-term care workforce issues and provide recommendations to improve the recruitment, training, retention and practice of a strong long-term care workforce.

12. Create labor policy incentives for long term care industry employment.

13. Offer free training for direct support services workers.

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14. Develop volunteer pool to provide respite to burnt-out workers.

15. Establish a national registry of direct care workers that would provide standards and an insurance pool.

16. Make paid internships available to college students.

17. Have states provide loan repayment programs to attract Geriatricians.

18. Require Congress through the Department of Labor to monitor and issue an annual report on the long-term care workforce; including family caregivers as a workforce issue.

19. Emphasize and support training programs in Gerontology and Geriatrics at all levels of education.

20. Monitor and limit the amount of hours health care workers can work at one time.

21. Increase the pay, supervision, and recognition of workers in home care programs and LTC facilities.

22. Establish national uniformity and coordination in health insurance rules so as to remove unnecessary complexity, costs, and confusion.

23. Restructure Medicare to reimburse physicians and other healthcare personnel for the costs of coordinated care regularly incurred in geriatric medicine, and realign the financial incentives for physicians entering geriatrics.

24. Encourage researchers to examine the role of medical complexity and chronicity on the continuity of care, including incentives to providers, provider satisfaction with work, patient participation in care, and second-party patient coaching.

25. Redesign policies to encourage the development and testing of private market solutions for coordinating care of patients with complex cases.

26. Promote tax incentives to employers who provide adult day care services at the workplace or who provide vouchers for adult day care services in the community during working hours.

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27. Encourage the Caregiver Tax Credit proposal to establish a tax credit for family caregivers for the costs of providing care for individuals with long term care or chronic care needs.

28. Support program development for interdisciplinary geriatric training and education across the continuum to include hospitals, ambulatory, institutional, assisted living, and home and community-based settings.

29. Explore ways to expand geriatric education and training programs to include direct care workers and family caregivers.

30. Where they do not exist already, encourage accrediting bodies, educational institutions, licensing boards, professional associations, and other health care provider organizations to establish competencies in aging, geriatrics, and interdisciplinary models of care.

31. Encourage the Institute of Medicine or a similar body to produce a comprehensive report with recommendations for education, training, and service methods for the health care workforce.

32. Encourage institution of tuition, job training and tax incentives for careers that will address critical shortage areas that affect the lives of the elderly.

33. Identify and encourage incentives to educational facilities that train/ educate health care professionals and paraprofessionals in geriatric care and expand traineeships for healthcare professionals and paraprofessionals in these specialties.

D. Use of Information to Improve All Health Care Services

Resources to make informed health care decisions.

1. Form a senior coalition which could serve as a repository for resources and information and network center to other seniors.

2. Conduct research on the most effective method to educate the seniors.

3. Increase resources to the Aging Network to provide quality information as well as counseling for the drug coverage programs.

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4. Develop educations programs to help translate the Medicare and Medicaid plans, coverage and changes and enhance the education campaign regarding Part D.

5. Increase financial and technical support for beneficiary assistance programs.

6. Have CMS develop more tools to help caregivers and seniors make better decisions on the choices they have.

7. Develope a national program such as *"First Call for Help"* operated by the United Way and Aging and Disability Resource Centers - which is focused on the needs of the seniors.

8. Develop special educational programs targeting the needs of a rural communities.

9. Develop resources to provide specific education on the complex medical billing issues and how to resolve issues.

10. Conduct more public education via TV and Radio.

11. Build collaboration across the business, non-profits, national, state and local agencies to have a unified list of multiple resources.

12. Reduce duplication of service to reduce cost of service. Evaluate HIPAA rules to allow better coordination and limit duplication of service.

13. Foster coordination between existing service agencies; increase the visibility of phone book listings for social service agencies; use technology to make sure more people can access available services.

14. Utilize best practices for public relations program directed at seniors and their caregivers to include public service announcements, senior reporters, and coupons with utility companies, etc.

15. Engage community residents in the issues and concerns impacting all residents so that there is a better understanding of concerns cutting across generations. This includes federal, state, and local issues. Hearings should be linguistically appropriate to the community and take into account levels of literacy as well as preferred modes of receiving the information.

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16. Expand collaborative efforts between aging, child welfare, mental health, social service, and legal systems.

17. Develop national and local task forces to collaborate on kinship issues.

18. Promote improved understanding and assistance in preparing legal documents, such as Living Wills, Power of Attorney and Do Not Resuscitate orders.

19. Develop a universal brochure to address issues related to planning for end of life transitions and include a specific listing of resources available to help with planning.

20. Conduct education and marketing on end on life issues through continuing medical education, the faith based community, media, computers, annual Social Security statements, and incentives to prepare of end of life decisions.

21. Training in communication strategies (to include giving clear instructions and assessing patient understanding) should be implemented for all health care staff (professional and administrative) to ensure that all patients can accurately summarize the information they need in their own words and demonstrate how the information can be applied in their daily life.

22. Public health messages and community outreach should use simple, clear, plain language.
    a. Messages should be field-tested with consumers for accuracy and understandability.
    b. Special attention should be paid to multicultural media such as radio, local newspapers, community and faith-based organizations.
    c. Work with social service agencies, libraries, adult education and local literacy programs.

23. Third party payors (Medicare, Medicare + Choice, VA, DOD, Tricare, etc) should make all health information they provide available in simple, clear, plain language (field tested by consumers with limited literacy and limited English proficiency).

24. Payment should be provided for the necessary one-on one patient education, as well as other services, to ensure patients understand information provided to them and are able to safely care for themselves. (Other services may include: interpreters, group education sessions, telephone education follow-up,

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home health care, disease management or chronic care coordination/management programs).

25. Simplifying and standardizing written and oral communications to improve patient understanding, to improve patient safety and to reduce medication misuse.

26. All U.S. prescription drug labels should be standardized. Congress should establish a public-private expert panel to develop the uniform format (similar to nutrition labels) which should be validated by consumer focus groups (including consumers with limited literacy and limited English proficiency). Accurate translations in multiple languages should be available for all retail pharmacies to use as needed. Make side-by-side translations available.

27. Standardize basic patient medication information leaflets. Pharmaceutical companies should submit simple, accurate information for consumers about the drug at the time that the FDA is considering approval (this is the procedure in Europe). The patient leaflets should be translated under supervision of the pharmaceutical companies and reviewed by an FDA panel that includes practicing physicians, to ensure the accuracy, fair balance and clinical appropriateness of the information. Consumer focus groups should validate the leaflets for the ease of understanding the information.

28. Congress should establish a public/private expert panel to develop a basic standard set of questions about any medication and educate consumers to ask these questions of their physicians, nurses and pharmacists. These standard questions should be validated by consumer focus groups including consumers with limited literacy and limited English proficiency. Public Health messages and patient education programs should disseminate the information. Educate health professionals through their professional associations and institutions to respond clearly to these basic safe medication questions.

29. The Center for Medicare and Medicaid Services (CMS), as it begins to implement the new Medicare prescription drug program, should track the utilization of prescription drugs, the potential for adverse events, the source of purchase of the drug, the frequency of drug substitutions/changes, the results of appeals processes, the availability and accuracy of patient education materials (in multiple languages), the utilization of pharmacy counseling practices to improve patient understanding. This research should be available to health care providers to improve safe prescribing practices and lead to better health outcomes.

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30. The number of minority students going into health professions should be increased through public/private partnerships of government, grants, and outreach to these communities.

31. Training and certification programs for interpreters should be developed and these health professionals should be recognized as an essential part of the health care team, and payment should be provided for their services.

32. The Center for Medicare and Medicaid Services and the Agency for Healthcare Research and Quality should support research to identify and evaluate successful practices that ensure patient understanding and eliminate health disparities.

33. All health care providers and third party payors should commit themselves to improving health outcomes, ensuring patient understanding, and eliminating health disparities; all federal agencies regulating and studying the health care system should also so commit themselves and agree to report annually on the progress their agencies and programs are making to achieve this goal.

Medical research on aging issues.

1. Fortify funding of health outcomes research.

2. Develop academic and community collaborations for implementing health outcomes research.

3. Use the IOM recommendations as a guideline for framing outcomes research.

4. Do translational medical research (applied to practice).

5. Require that federally funded research include the participation of minorities in their designs.

6. Require more rigorous testing and approval for new medications.

7. Appoint a commission to research and examine how to meet the needs of ethnic/racial, socioeconomic, and religious groups.

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8. Increase behavioral health and aging research to improve understanding of the biological, behavioral, social, and cultural factors related to mental illness, especially for at-risk and underserved populations.

9. Development of multidisciplinary teams to encourage communication between researchers and professional organizations to interpret and implement research solutions.

10. Develop a coordinated research agenda across agencies.

11. Develop creative policy solutions that provide incentives for applied aging and medical research in the private sector

12. Encourage adequate public and private funding of basic and applied research on aging across the healthcare delivery continuum to ensure access to the best treatment practices is available.

13. Develop academic, community, public, and private collaborations for more effective dissemination of health outcomes research**.**

14. Support market incentives to encourage innovations and inventions to facilitate healthy, independent living in the community.

15. Intensify the U.S. investment in research to promote health and well-being, thereby accelerating the discovery of cures, preventions and treatments necessary to achieve the highest quality of life for all Americans and to minimize the economic burden of chronic disease and disability.

16. Encourage a seamless continuum of research, from the basic sciences to health outcomes, by better aligning public-private research capacity and lowering barriers to cooperation among researchers and health practitioners.

17. Invest in population-based and economic impact studies to better understand the needs of an aging U.S. population and to predict future demands.

18. Offer incentives to train more researchers and health care professionals who focus on improving the health and well-being of older Americans and their families.

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Appropriate use of health information technology.

1. Utilize telemedicine programs for medial and psychiatric health problems.

2. Utilize Electronic records to monitor data and health status.

3. Obtain funding to purchase software packages to house resource and client database for a senior one-stop center.

4. Develop a national system to track consumer complaints with health care.

5. Develop a vehicle that would allow consumers to compare quality of care.

6. Federal agencies funding electronic health record development should require the inclusion of standardized functional and social information (including advance care plans) and that these records are accessible across multiple providers, care settings, and the internet.

7. Congress should mandate and set a timeline for all healthcare providers to implement a standardized electronic healthcare record system universally compatible and internet accessible to providers and consumers.

8. Develop a federal clearinghouse of common medical and legal documents translated into many languages.

9. Launch a national partnership between the public and private sectors including religious institutions, natural healers, and community organizations to build an army of linguistically and culturally competent health and mental health professionals.

10. Adjust Medicare policy to cover mental health care at the 80% level it covers medical services and make mental health services under Medicaid reimbursable as well.

11. Promote education efforts to inform health care professionals, the private sector and lawmakers about the importance of nutrition to health status.

12. Create incentives that encourage health professionals and others working with older adults to provide education about the availability of community-based nutrition and related services.

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13. Provide incentives including tax credits for new, innovative information development initiatives which achieve universal dissemination through centralized or one-stop information centers.

14. Develop evidence-based, outcomes-oriented demonstration projects to evaluate the effectiveness of telemedicine programs for appropriate physical and mental health conditions.

15. Encourage the creation of management information systems and standardized patient health information databases to coordinate, manage, and evaluate a broad range of services provided across the continuum of care.

16. Encourage the development of creative approaches to healthcare delivery such as telehealth self-management techniques, assessment across programs and electronic records, and the use of telemedicine.

17. Encourage the Department of Health and Human Services to refine its approach to technology transfer in geriatric health and emerging evidence-based best practices to ensure that knowledge is translated more rapidly into the curricula and that the curricula employ teaching methods of demonstrated effectiveness.

18. Encourage more public-private partnerships dedicated to improving access and utilization of all forms of information to assist individuals and families to plan throughout the lifespan in financial and health matters.

19. Encourage Congress to examine the extent of gaps and barriers that exist which serve to deny some Americans from having all necessary tools to assist in planning along the lifespan and propose appropriate legislative remedies.

20. Provide incentives for new innovative information development initiatives which achieve universal dissemination through centralized or one-stop information centers.

21. Initiate a national public service campaign with public-private support tied to the start of each school year to encourage Americans to review and update their plans for their future, especially financial and healthcare planning.

22. Encourage collaborations across the private sector, non-profit, national, state and local agencies to have a comprehensive and unified list of private and public healthcare resources.

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23. Encourage the Department of Health and Human Services to refine its approach to technology transfer in geriatric health and emerging evidence based best practices to ensure that knowledge is translated into future developments.

24. Promote the "one stop" gateway system across the spectrum of providers including healthcare providers to facilitate information and referral to the elderly patients and their families during critical transitions in their care.

25. Eliminate barriers related to HIPAA.

26. Develop a nationally standardized electronic health record and make the data available to the research community, while protecting the privacy of the patient.

E. Affordable, Defined Health Benefits, including Mental Health, through Medicare, Medicaid, and other Federal and State Health Care Programs.

- **Ensuring adequate access to State and Federal health care programs.**

1. Access to programs should not be dictated by pre-existing conditions.

2. Benefits should be comprehensive and coordinated.

3. Postpone the penalty period for delayed enrollment.

4. MMAs should not limit access to other programs.

5. Pharmacy services should be continuous and coordinated regardless of the programs from outpatient, assisted living, to LTC.

6. Increase Medicaid eligibility requirements and draft rules to better reflect cost of living to serve more seniors.

7. Ensure monitoring of Medicare and Medicaid fraud.

8. Provide education to eligible seniors on Federal Qualified Health Centers.

9. Prescriptions medication should be affordable especially to those with disabilities.

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10. Study the option of "buying into" Medicare for those who are approaching retirement (ages 55-64) and who do not have adequate, affordable insurance.

11. Ensure Medicare and Medicaid reimbursements are based on the quality of care vis-à-vis the client.

12. Create a comprehensive funding plan for health care developed with input from the grassroots level.

13. Expand dental coverage available through Medicare.

14. Adequately fund the nation's VA health care system to assure quality and timely assistance, including compassionate end-of-life care.

15. Permit VA facilities to receive payment from Medicare and Tricare, at least for veterans who must make co-payment for services.

16. Protect veterans against unreasonable financial burdens that include excessive fees for service.

17. Require adequate representation of veterans on the all relevant federal, state and local governmental bodies involved in planning, development and oversight of services and benefits for senior adults, including the proposed Federal Council on Aging.

18. Support an adequate number of state veteran homes to assure availability of this form of care and allow the VA to enter into a contract with such homes as it does with private facilities.

19. Maintain the solvency of Medicare program without reducing its current benefit package or tightening eligibility requirements.

20. Monitor and extend the scope of service and treatment options for minorities and women and by addressing the special needs of these populations.

21. Ensure the enrollment of all those eligible for the excellent low-income benefits of the MMA, particularly the dual eligibles.

22. Assist beneficiaries in understanding and navigating the many new choices and options in Medicare by immediately increasing the level of funding for

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the State Health Insurance Assistance Programs' counseling services to $1 per beneficiary and providing dependable, adequate funding for this program in the future.

23. Encourage Congress to mandate the creation of a new subtitle under Title III of the Older Americans Act channeling resources to those rural areas as directed by Congress in the 2000 Older Americans Act reauthorization. Funds under this new subtitle should provide for a stable administrative infrastructure for providers, increased resources for outreach, and, equity in a rural older adult's ability to access services, whether services are local, such as health care, transportation, adult day care, in-home personal care, respite, etc., or those specialty services found only in metropolitan areas.

24. Increase the Administration on Aging's regulatory role in the approval or disapproval of states' funding formulas with regard to the rural factor. The rural factor should be equitable with other funding formula variables.

25. Create a task force to study how other countries are able to sell lower priced drugs and these methods should be replicated in the United States.

26. Increase funds to the SHIP program to enable AAAs to hire and train additional staff.

27. Develop ways to recycle unused medications.

28. Encourage insurance companies to simplify the processes to allow access to care.

29. Adopt reduction of acute care costs through better practices.

30. Set up a system of checks and balances to see where/how monies to HMOs are being spent. Standardize "age" guidelines to qualify for services.

31. Examine the issue of priorities for access to services for seniors who have incomes just above the low-income/poverty level but who do not have sufficient resources to obtain necessary and appropriate services for themselves.

32. Examine the issue of equity of illegal aliens and others who have not "contributed into the system" receiving priority access to services over long-

time employees (and citizens) who contributed but will never truly get significant assistance from these programs.

33. Promote affordable, defined health benefits including mental health through Medicare, Medicaid and other Federal and State health care program.

34. Increase funding to develop additional prevention and intervention, mental health programs that are evidenced –based, affordable, and accessible.

35. Index Medicare prescription drug deductibles and co-payments to the Consumer Price Index and eliminate the low income asset test.

36. Promote non-partisan discussion on how Medicare "solvency" should be defined. Items for discussion should include: the desirability of continuing current solvency distinctions between Medicare Parts A and B; how to define long-term program sustainability; whether measures should include spending relative to the Gross Domestic Product; and whether measures should include comparisons to per capita increases in similar private sector spending.

37. Maintain the present Medicare standard package of benefits and services.

38. Promote coverage of a broader range of preventive benefits under Medicare, including falls prevention, routine eye care, and oral healthcare.

39. Eliminate legislative and regulatory barriers to integrated care for beneficiaries with chronic illness. Take a systems approach to integrating the delivery, financing and administration of services across settings and payers.

40. Explore the option of buying into Medicare for those who are approaching retirement and who do not have an adequate, affordable insurance.

41. Extend the federally funded Senior Health Insurance Assistance Program (SHIP) to provide information counseling for all individuals entering the Medicare program.

42. Oppose efforts to weaken the entitlement under the Medicaid program. Efforts to provide greater flexibility should maintain key consumer protections.

43. Address Medicaid's long-term care institutional bias by:

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a. eliminating the need for waivers to provide home and community-based services (HCBS);
b. providing incentives for all states to have HCBS spousal impoverishment protections;
c. permitting states to use Medicaid dollars to reduce up front reverse mortgage costs and allowing purchasers to protect a certain amount of assets from estate recovery if they take out a reverse mortgage;
d. permitting states to include savings from Medicare and other federal programs in their Medicaid HCBS waiver budget neutrality calculations;
e. reducing barriers for states to provide consumers with greater opportunities to choose consumer directed models of Medicaid home and community services; and
f. exempting HCBS programs from lien and estate recovery requirements.

44. To keep costs down, medical malpractices suits should be first reviewed by arbitration.

45. Malpractice claims should not be settled with out the consent of the physician or health care facility.

46. Medical malpractice claimants should pay the attorney and other related cost regardless of the outcome of the case.

47. Encourage national Tort reform to limit malpractice liability and limit cost of malpractice insurance, thus driving down overall health care costs.

V. Civic Engagement and Social Engagement

A. Integration of the Elderly with the Non-Elderly Community.

Strategies for changing attitudes toward aging/intergenerational dynamics.

1. Undertake a national public awareness effort that successfully promotes positive images of aging, dispel myths about aging, and promotes intergenerational harmony.

2. Form a national organization that studies inter-generational conflict and identifies stereotypical and denigrating images in advertising and media communications, with focus on Boomers.

3. Foster national and local partnerships within the public, private, and non-profit sectors to overcome the barriers that prevent both the government and healthcare providers from reaching out to the diverse aging population.

4. Make understanding of the aging process a regular part of all core educational programs.

5. Add aging issues awareness to current middle school and high school curriculums. Include special projects, and scholarship initiatives.

6. Increase the number of roles for seniors in media programming and reporting. Ensure that these roles reflect the complexity and diversity of the elderly to include their interactions within their generation and among generations.

7. Monitor government-funded programs and services to assure inclusion of older adults and non-discrimination against older adults.

8. Extend the citizenship time frame for older adults; change requirements to allow for flexibility in case of complications such as language ability and/or application processing.

9. Encourage intergenerational programs which promote respect for elders and optimize opportunities to serve the young and old in a context that addresses the needs of both.

10. More collaboration is needed between colleges and home care agencies, including the utilization of students for intergenerational activities.

11. Engage care managers, discharge planners, trainers and educators in promoting intergenerational education.

12. Utilize student interns to fill gaps not covered by funding, e.g., start-up and run programs.

13. Ensure availability of quality long-term care options for seniors by encouraging intergenerational housing and allow younger citizens to serve as custodial caregivers to senior neighbors.

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14. Expand intergenerational and coordinated school-based and state/federal child welfare programs such as school-based programs for grandparent caregivers and guardians, grandparent skills training, community mental health services, transportation programs and mentoring programs.

15. Intergenerational projects could be an appropriate interaction tool for seniors that have tolerance challenges with the younger generation.

16. Encourage new and creative intergenerational partnerships to provide support to frail elders and decrease the isolation of elders in nursing homes.

17. Develop an intergenerational friendly community (to include but not be limited to transportation, social support, housing, and access to services.)

18. Create a single point of entry through which kinship care families can be guided through the maze of health, legal, and human service agencies and programs.

19. Encourage quality intergenerational shared site programs through promotion of new programs and support of existing programs such as co-located child and adult care, before and after school programs, long term care and shared housing.

20. Advance intergenerational strategies such as engaging older and younger individuals in community based education, mentoring, and literacy programs.

21. Promote intergenerational health and wellness activities, disaster prevention and preparedness.

22. Encourage and support intergenerational access to Internet and current technologies.

23. Explore the nation's existing senior programs to further devise innovative ways to engage the growing number of retiring baby boomers in mentoring activities.

24. Expand efforts to inform the corporate sector about the advantages of retiree mentoring and the benefits for the employer.

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Creation of Baby Boomer volunteer opportunities.

1. Increase the priority for companionship programs, the opportunity for volunteerism and social engagement.

2. Promote a supply of "formal" volunteer opportunities, "intensive" service opportunities, volunteer matching systems, and demonstrations that meet the demand of interested older volunteers and enable them to become more involved in intergenerational interaction within the community.

3. Create incentives to mobilize older Americans to fill intensive service roles.

4. Senior service providers should outreach and explore the possibility of getting volunteer groups to check on seniors to see how they are doing.

5. Support innovative demonstration programs through which older volunteers take on tutoring children, restoring natural environments; preparing for disasters and emergencies; mobilizing additional volunteers; providing access to health care; and helping elders to live independently.

6. Fund studies of and initiate programs that promote and recruit senior volunteers within the community. This may include partnerships with local groups to increase access to senior volunteers.

7. Focus special attention on old-old segment of volunteers.

8. Increase federal funding to expand volunteer programs including the National Senior Corps' Retired and Senior Volunteer Program, Senior Companion and Volunteer Senior Guardian. Provide funding to establish senior volunteer programs in un-served areas.

9. Create a campaign to encourage seniors to use their resources (skills, time, money) to serve their country.

10. Volunteers doing community services should be rewarded with leisure activities and life-long learning at no expense.

11. Removing barriers to increasing the opportunities for constructive and purposeful engagement of older adults in community volunteer activities.

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12. Fund and create clearinghouses that could match the special skills of the minority elderly with local jobs, interests and needs. This could range from sewing to woodworking- to guitar playing to translation support- to child care to mentoring opportunities in working with younger generations. The clearinghouse could pilot employment opportunities geared to the elderly that might include short-term individual contracts, and/or senior center-based economic initiatives in crafts, dance programs or second language learning centers for school children in Spanish, Chinese. Korean, etc.

13. Offer incentives for older adults to engage in community public service, such as deductions on federal income taxes or a direct tax write-off for volunteer hours.

14. Provide an increase in the IRS mileage allowance for volunteer service. The current 14 cents per mile is inadequate and is a barrier to seniors on limited income from volunteering their time and skills to many causes.

15. Identify the financial value of volunteer hours of service as personal contributions, which may be deducted from social security income when calculating personal income tax.

16. Implement federal policies that support the continued participation and training of older persons in the nation's political, social and economic life including enhanced volunteer opportunities through silver-haired legislatures.

17. Launch a new wave of civic involvement for Seniors in an "Aging America Well" program to promote wellness, prevention and continued engagement in volunteerism. I offer the "Aging Texas Well" program as a model.

18. Volunteerism through online means should be given recognition as is face-to-face volunteerism.

19. The aging network should provide information to organizations on how to establish and manage volunteer service banks, so that those who volunteer can have their services be recorded for use in responding to their own needs in the future, while not disfavoring those who have not volunteered or not been able to volunteer.

20. Encourage recruitment of baby boomers and seniors through a public education campaign that promotes the physical and mental health benefits of volunteering.

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21. Recognize and support the concept of trained, paid volunteer managers.

22. Expand efforts to inform the corporate sector about the advantages of employer-supported volunteerism and how the benefits flow back to the employer.

23. Explore existing senior programs, such as RSVP, Foster Grandparents, Senior Companions, and other federal civic service programs such as the Peace Corps, to devise innovative ways to engage the growing population of retiring baby boomers in volunteer efforts.

24. Design recruitment messages that will attract those who will be reluctant to volunteer.

25. Create senior programs that promote, acknowledge, respect, and utilize seniors' knowledge, skills, and abilities.

26. Promote intergenerational strategies to engage all generations to meet community needs such as engaging older and younger individuals in education, mentoring and literacy programs, health and wellness activities, disaster prevention and preparedness, and Internet and current technologies.

27. Establish within AOA an Office of Civic Engagement and Volunteer Coordination charged with facilitating employers and others in providing support and caregiving and civic engagement activities (e.g. removing barriers such as liability issues).

28. Develop tools and processes that assist older adults in understanding what creates meaningful life for them as individuals and test venues to reach older adults in transition.

29. Promote the enterprise zone concept for communities that make civic engagement and aging issues a priority.

30. Explore through demonstration projects how to change community institutions to effectively utilize older adults who are transitioning, creating meaning for the individual and value for the institutions and communities.

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31. Examine the role of current tax laws, retirement and health care policies, and pension rules as incentives or disincentives for volunteer service by employed and retired adults.

32. Provide subsidies, tax credits, and other incentives to encourage companies to create flexible employment and volunteer time policies such as job sharing, sabbaticals, phased retirement, and paid/unpaid leave for volunteering.

33. Encourage the President's Council on Service and Civic Participation to expand the President's Volunteer Service Award to honor companies that excel in their efforts to promote and support volunteer service and civic participation by their employees.

34. Create a best practices database of corporate volunteer programs, including evidence-based and outcome-focused program models.

35. Expand efforts to inform the corporate sector about the benefits of employer-supported volunteering that flow back to the employer, including increased employee productivity and morale, lower absenteeism, more media attention, and stronger ties to the communities in which they operate.

36. Request the Government Accountability Office (GAO) to conduct a study of federal civic service programs' (AmeriCorps, Senior Corps, USA Freedom Corps, Peace Corps, SCORE) effectiveness in engaging older adults in volunteer activities.

37. Encourage companies to support and promote volunteering by their employees and retirees.

38. Establish non-transferable education credits (such as President Bush's proposed Silver Scholarship proposal) that would award scholarships to older adults who tutor children.

39. Establish incentives (grants or tax credits) for continuing education and training or re-training costs borne by those who want to improve their access to volunteer positions.

40. Encourage a public education campaign—promoting the physical and mental health benefits of volunteering and increasing awareness of older Americans as community assets.

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41. Encourage research to demonstrate the cost-benefit value of volunteer services performed and the financial savings achieved.

42. Reauthorize the National and Community Service Trust Act as a means of reaffirming, significantly expanding, revamping, and recruiting more older adults into senior volunteer programs in the nation: the Foster Grandparent Program, the Senior Companion Program, and RSVP.

43. Encourage the Corporation for National and Community Service to take a leadership role in engaging Baby Boomers in service by recruiting and enrolling in its programs one million people of retirement age by the year 2010.

44. Encourage collaborations and partnerships among national, state and local organizations that currently provide volunteer and paid work opportunities for people of retirement age to generate more resources to support elders as volunteers and to attract Baby Boomers by expanding and re-aligning their portfolios to include more informal, time-limited, episodic and project-based volunteer service opportunities as well as full-time, part-time, and episodic paid work opportunities, especially in the areas of community service, intergenerational involvement, independent living, and long term care.

45. Combat ageism by encouraging the Federal Government to provide education and public awareness that emphasizes elders as givers of services instead of consumers of services, that publicizes the positive contributions older adults make to their communities every day, and that focuses on the value of volunteering for people's well-being, physical and mental health, independence, and self esteem.

46. The aging network should provide information to organizations on how to establish and manage volunteer service banks, so that those who volunteer can have their services be recorded for use in responding to their own needs in the future, while not disfavoring those who have not volunteered or not been able to volunteer.

47. Volunteerism through online means should be given recognition as is face-to-face volunteerism.

48. Provide an increase in the IRS mileage allowance for volunteer service. The current 14 cents per mile is inadequate and is a barrier to seniors on limited income from volunteering their time and skills to many causes.

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49. Identify the financial value of volunteer hours of service as personal contributions, which may be deducted from social security income when calculating personal income tax.

50. Identify the National Silver-Haired Congress and the various state silver-haired legislatures as national treasures for information, guidance and wisdom. There are cumulative thousands of years of service and experience to be tapped.

51. Implement federal policies that support the continued participation and training of older persons in the nation's political, social and economic life including enhanced volunteer opportunities through silver-haired legislatures.

52. Launch a new wave of civic involvement for Seniors in an "Aging America Well" program to promote wellness, prevention and continued engagement in volunteerism. I offer the "Aging Texas Well" program as a model.

53. Organizations should develop research-based best practices at all stages of the service delivery process (needs assessment, volunteer recruitment, performance measures, among others) in order to gain legitimacy and the trust of citizens.

54. Promote all streams of national, community and civic service activities that are worthy of support by governments, taxpayers, private, and nonprofit sectors of society.

55. Educate the public, federal and state policy makers, media, local organizations and groups, and members of the service community about existing and innovative opportunities for service that improve the quality of life for individuals, families, communities, and the nation.

56. Increase awareness regarding alternative uses of national service volunteers to achieve diverse goals related to community service, employment training, financial literacy, public education, national security, and the continuum of in-home and institutional care.

57. Create alliances among the private sector, public service providers, volunteer support programs and organizations, and policy makers to define and promote common goals.

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Promoting expanded opportunities for companionship and leisure to reduce isolation and loneliness.

1. Increase opportunities for social engagement for older adults by providing friendly visiting and companionship through natural helping networks such as neighborhoods and religious congregations.

2. Urge the younger generation to care for their parents, grandparents and neighbors as they age and face increasing health concerns, loneliness and isolation.

3. Create funding opportunities for volunteer visiting programs that serve to reduce loneliness and isolation; increase access to other social services (such as home-delivered meals, transportation, home-care); promote volunteerism; and integrate the elderly into the non-elderly community.

4. Identify resources for direct investment in programs and public/private partnerships that capitalize on the capacity for expression among older adults by increasing access to and utilization of participatory arts programs in community-based and healthcare settings.

5. Outreach to senior agencies, residential centers, senior daycare centers, and the homebound, including advertising in newsletters targeted to older adults and stressing free programs, classes, and lectures. *Example:* Lectures topics that appeal to mature adults.

6. Conduct quantitative and qualitative research to determine the value of the arts in promoting health and long term living by investigating the economic and health benefits of lifelong learning in the arts.

7. Develop programs in visual, creative, and performance arts.

8. Encourage regional arts organizations, as well as state and local arts agencies to expand the definition of arts education to include senior's lifelong learning.

9. Collect and disseminate information on existing model programs of how older Americans are actively participating in the arts.

10. Encourage private-public partners in developing programs whereby older artists become engaged in teaching art in intergenerational classes.

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11. Integrate adaptive technology, not in separate section but blended throughout the library. Replace existing equipment with adaptive technology such as large-size keyboards, large monitors, and telephone amplifiers. Provide voice recognition technology wherever possible. Invest in mobile libraries that are completely handicap accessible.

12. Provide relevant programming and library materials to serve kinship caregivers, and the "sandwich generation," based on research into information needs of older adults.

13. Promote the library as a community clearinghouse for civic engagement of all kinds; paid employment, volunteer positions, education, the arts, and leisure activities.

14. Provide outreach to senior agencies, residential centers, senior daycare centers, and the homebound, including advertising in newsletters targeted to older adults and focusing on free programs and classes.

15. Provide computer classes with specialized curriculum for seniors.

16. Partner with community organizations, committees and boards that have expertise in aging issues and can compliment and supplement the Library's mission.

17. Identify community stakeholders and funders, considering both for-profit and non-profit partners.

Exploring the roles of religious institutions.

1. Form partnerships with faith-based community to provide seniors with transportation, information about available healthcare resources, and health education.

2. Increase education programs for seniors through faith-based organizations.

3. Support and expand parish nurse programs through partnerships with congregations and health care providers.

4. Encourage Faith-Based solutions using interfaith organizations which may have access to large pools of younger volunteers willing to assist the elderly

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with custodial care and are interested in providing opportunities for seniors to become more active in the community.

B. Effective Individual Adaptation to the Conditions of Aging

1. With assistive technology (for those seniors who have a disability or who have low vision) seniors would benefit from one-on-one instruction.

2. Pilot grants could help generate data on the impact of the use of technology to assist shut in seniors continue to participate in their civic clubs and attend programs at their libraries with tele- conference access.

3. The FCC is commended for the implementation of closed captions for the deaf and hard of hearing on television. The FCC must now implement descriptive video for the visually impaired.

4. Bring the goal of an "accessible nation" within our reach by expanding the availability and utilization of assistive and universally designed technologies and interventions.

Increasing physical activity among the elderly.

1. Enhance outreach and education programs such as AoA's *"You Can – Steps to Healthier Aging"* that help elders to understand the importance of exercise.

2. Create a new national initiative modeled after President Eisenhower's President's Council on Youth Fitness in 1956.

3. Health and fitness centers for those 50+ with aerobic and resistance equipment, trained staff, health monitoring and information, supervised individualized fitness plans and activities of interest which improve or maintain health and quality of life are a national priority.

Continuing higher education for the older learner, including computer literacy training.

1. Inform seniors on what education (including higher learning) and training programs are available for the elderly and include multiple languages and bi-lingual educators.

2. Make information and education materials easily and readily accessible in appropriate formats, such as large print, for older adults and make use of appropriate information and assistive technologies in colleges and libraries.

3. Encourage Life-long Learning by providing liberal arts coursework to seniors through a local university setting and encourage the development of intergenerational interaction through common-interest learning environments.

4. Collaborate with K-12, higher education and community organizations to develop a mentorship program between older artists in the community and students.

5. Begin a national dialogue between higher education and the aging network, for example a new program in Illinois which engages retirees from higher education as volunteers.

6. Include educational opportunities in all areas of policy – health, life-long learning, financial planning, etc., with more resources provided to ensure that aging baby-boomers receive these opportunities.

7. Form partnerships between the private sector and the government to support and fund professional educators and artists drawn from higher education and other sources to provide quality instruction and enrichment opportunities for older adults.

8. Provide opportunities for computer literacy for all older persons and make assistive technology training available for older persons who need it to utilize a computer effectively.

9. Inform seniors about education including higher learning, continuing education, and training opportunities available for all adults. Include information on multiple modes of learning such as in classroom, televised, and web-based instruction.

10. Encourage older adult instruction in computer training and multiple languages.

11. Encourage Life-long Learning by providing access to coursework for older Americans through universities and other community based education opportunities, Senior Centers, and Area Agencies on Aging.

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12. Provide opportunities for access to computers by older Americans including assistive technology to use computers effectively and reasonable accommodations for the disabled volunteer or employee.

13. Encourage renewal of the Older Americans Act and continue its focus on providing employment and training opportunities for low-income older adults.

14. Encourage the Secretary of Education and the Assistant Secretary of the AOA to prepare a report to the President and Congress that would identify specific actions that can be taken at the federal level to direct educational resources to be better utilized in addressing the needs of community residents not directly in the educational system.

15. Establish a presidential Task Force to study and make recommendations on what incentives the federal government can make available to facilitate integrated use of federally funded community structures.

16. Consider changes in requirements for funding to Education Departments. For any new funding provided to states and localities by the federal Education Department, require 1 percent of those funds be directed to the general community at large (non-school age populations) for either facility use or enrichment programs.

17. Involve the community, (including churches) in continuing education classes. Encourage outreach to the underserved and working poor and present information in clear and simple terms.

VI. Technology and Innovation in an Emerging Senior/Boomer Marketplace

A. Promoting new products, technology and new ways of marketing that will be helpful /useful to the Older Consumer.

1. Begin a dialogue at the highest levels of government about the positive aspects of aging, in an attempt to begin changing the image of aging in America. One way this can be accomplished is through the promotion and development of universal design and senior friendly products through public discussions of "geriatric sensitivity."

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2. There has been a long history of linking space exploration with broadening our insight into life science research on Earth. While recognizing that NASA has sharpened its focus on the ambitious exploration goals that lie ahead in robotic and human exploration, there remain significant contributions that space exploration research and technology development can make to improving life on Earth for all generations, and particularly those areas of research such as identification and treatment of disease, and the mitigation of the aging process. The collaboration fostered to date among agencies involved in linking space research to benefiting life on Earth should be continued.

Developing creative products to support independence.

1. Expand access to and coverage for assistive devices as well as information on "services, products, equipment, and technologies", especially for the newly blind / disabled senior population, that will expand their ability to enhance their independent living.

2. Promote workshops to identify sources of capital for further research and development of marketplace innovations for aging consumers.

3. Promote Small Business Innovation Research grants for development of products that assist older consumers in maintaining independence and a high quality of life. Preference should be given to products and technologies that are affordable to all older Americans, including low-income seniors.

4. Review polices that fund innovation research to ensure that there are incentives for developing assistive technologies, including those that improve how seniors with disabilities access services.

5. Support the development of an on-line national consumer review of products and services.

Creating awareness of available technologies.

1. Mandate comparative product information for all products targeting the elderly. This is particularly important when introducing assistive devices or when involving formal and informal monetary transactions.

2. Create a national resource and information and referral center to connect seniors with assistive technology and universally designed products that meet the "Senior Seal of Approval".

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3. De-stigmatize the use of technology.

4. Convene a conference to bring private and public sectors together to raise awareness of the changing tastes and preferences of the aging baby boomers.

5. Create a national resource and information and referral center to connect seniors with assistive technology and universally designed products that meet the "Senior Seal of Approval".

Designing technology products that assist the broadest range of consumers.

1. Assess the level of acceptance and rejection of various assistive technologies within the aging population in order to promote maximal use of these devices to ensure that new and innovative assistive technologies are adopted and actually used by individuals who need them.

- **Assure innovative and competitive leadership of American technology to meet rapidly-increasing global demand for aging-related products and services.**

1. Expand market-driven, Federal procurement strategies beyond Electronic and Information Technology (e.g., Section 508 of the Rehabilitation Act) to promote increased availability and utilization of accessible, universally designed technologies that are effective in reducing other barriers to full participation in work and community life.

- **Establishing a public, private and intergovernmental partnership to harmonize the patchwork of different Federal, state, and local policies, rules, and regulations, standards, codes that complicate and sometimes impede demand for and distribution of technology products and services.**

1. Develop a waiver application under Medicaid that allows an individual to receive the latest technological innovations in assistive technology and information technology to support the provision of home and community based care.

2. Encourage more public-private partnerships dedicated to improving access and utilization of all forms of information to assist individuals and families to plan throughout the life span in financial and health matters.

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- **Assuring rational technology policies that stimulate innovation and investment.**

1. Encourage the Department of Health and Human services to increase the speed of approval for new eldercare technologies, new drugs and new assistive devices that support older Americans, while improving the safety profiles of these innovations.

2. Encourage states to form consortia and pool efforts and expertise in economic assessments and evaluation of new technologies; when one state approves a technology, it would be recognized and approved by other states in the consortium.

3. Develop and implement standards for universal design of appliances and products that are senior friendly and stamped with the "Senior Seal of Approval" and establish tax incentives to manufacturers who have such approvals.

4. Establish general economic incentives to product design training programs that target commodities useful to seniors, including appliances, consumer electronics, pharmaceuticals, and telecommunications technologies meeting the "Senior Seal of Approval".

5. Promote research and development of cost-reducing technologies and service innovations that can reduce dependence on long term care and make approval of new eldercare technologies faster and more efficient.

6. Prioritize the development of time-saving appliances, personal mobility aides, communication devices, and housing and vehicle designs.

7. Promote further development and use of information technology, telemedicine, and telehealth in health promotion, disease prevention, and provision of coordinated care monitoring and treatment.

8. Expand access to and coverage for assistive devices as well as information on services, products, equipment and technologies, especially for the newly blind disabled senior population, that will expand their ability to enhance their independent living.

9. Assess the level of acceptance and rejection of various assistive devices within the aging population to promote maximal use of these devices and

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ensure new and innovative technologies are adopted and used by individuals who need them.

10. Encourage an educational campaign to de-stigmatize the use of assistive technologies. Include public-private partners and employers in implementation of the campaign.

11. Prepare communities nationwide for the unprecedented increase in the older population and assist public/ private leaders in adapting services such as housing, transportation, healthcare, shopping, and recreation, to successfully adapt to constituents and consumers. Develop investment and loan agendas to advance these developments and create incentives for universal design.

* Issue development should include consideration of differences among the following variables: socio-economic, disability/non-disability, rural/urban, minority, cultural, linguistic competencies/literacy, and age cohort (e.g., 55-65, 65-75, 75-85, 85+). It should also include consideration of strategies for changing attitudes toward aging. Research intending to increase the ability to cope with the conditions of aging should be identified.

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